



# Oregon

Theodore R. Kulongoski, Governor

## Department of Corrections

Facilities Services  
1793 13<sup>th</sup> Street SE  
Salem, OR 97302-2595  
(503) 373-1572  
FAX: (503) 378-6536  
www.doc.state.or.us

Date Requested: \_\_\_\_\_  
Requested By: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Project: \_\_\_\_\_



### PURPOSE:

\_\_\_\_\_ Contractor  
\_\_\_\_\_ Consultant  
\_\_\_\_\_ Other

### DISPOSITION OF REQUEST:

*(Institutions Staff Use Only – Approval Stamp Here)*

### BACKGROUND CHECK INFORMATION:

The Department of Corrections conducts a thorough background investigation on individuals requesting entry into any of its secured facilities. This includes criminal history, Department of Motor Vehicles records check, and employment verification.

In order to complete the background investigation in a timely manner, the Department of Corrections requires the following information at least 48 hours prior to institution entry. This information will not be used as part of any interview process related to a construction project. The findings may, however, preclude entrance of an individual into a secured facility.

### PLEASE PRINT/TYPE THE FOLLOWING INFORMATION IN ALL CAPITAL LETTERS:

Full Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
Aka: \_\_\_\_\_ (Work) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (Fax) \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Employer/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

I authorize the Department of Corrections to complete a background check to include driving record and criminal history;

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please FAX completed form to (503) 378-6536 for processing.**