



OREGON DEPARTMENT OF CORRECTIONS Request for Background Verification Data Criminal History Information

Date: _____

Name: _____ / _____ / _____
Last First Middle

Other Names: _____ / _____ / _____

Date of Birth: _____ / _____ / _____
Month Day Year

Social Security #: _____ (Last 4-digits only) Ethnicity (Race): _____ (Optional)

Driver's License#: _____ State: _____

Address: _____

City, State, Zip _____ / _____ / _____

Phone #: _____

Purpose/Reason for LEDS/DMV Check: _____

OJIN Needed: Yes No Results: _____

DOC Visitor's List checked: Results: _____

Section Requesting LEDS Check: _____ Institution/Facility: _____

Prior State(s) of Residence: _____ / _____ / _____ / _____

Place of Birth: City: _____ State: _____

The information provided will be used only for the purpose indicated above and will be handled with confidentiality.

By signing, you grant DOC permission to run a LEDS criminal history check and certify that the information provided above is correct and true to the best of your knowledge.

Signature: _____

Information/Permission received by phone. By: _____

Function Unit Manager/Designee must review and approve in all cases where criminal history is discovered.

No Criminal Record Criminal Record Approved Denied

Reviewed by FUM: _____

LEDS Check Completed By: _____ Date: _____