COPY OF OWN RECORD REQUEST

(revised 4/17/08)

This form is to be used ONLY when requesting a copy of your own Oregon Criminal History information or clearance letter. This form may be copied.

NAME: _____
Last First Middle

OTHER NAMES
USED:_____

DATE OF BIRTH:_____/_____/_____
month day year

SOCIAL SECURITY NUMBER: _____ - _____ - _____

YOUR MAILING ADDRESS:_____
Street or P.O. Box

_____
City State Zip Code

_____
Country

TELEPHONE (_____)_____

MY CHECK OR MONEY ORDER, PAYABLE TO OREGON STATE POLICE, IS INCLUDED FOR THIS SERVICE AS FOLLOWS:

COPY OF OWN RECORD ($33.00)	$_____
PLEASE NOTARIZE RESPONSE ($5.00 per copy)	$_____
TOTAL INCLUDED	$_____

**Your fingerprint card will be returned with your response.