



DEPARTMENT OF CORRECTIONS

Criminal History and DMV Authorization



I give my permission for the Oregon Department of Corrections to conduct a criminal history and a Department of Motor Vehicles check on me. Information may be gathered through various sources including, but not limited to: LEDS, NCIC, DMV, or other regional and national computer databases.

Affirmative Action (Voluntary - Please select one):

Gender: Male ☐ Female ☐

Ethnicity: A ☐ B ☐ H ☐ I ☐ W ☐

Date of Birth

Social Security Number (last 4)

Month:

Day:

Year:

-

Drivers License Number

State

List all states that you have lived, worked, or attended school in since age 18:

List all other names that you have used including nicknames, aliases, and maiden name(s).

Last, First,
Middle:

Last, First,
Middle:

Last, First,
Middle:

Last, First,
Middle:

Last, First,
Middle:

Print Name: First Middle and Last Name

Signature

Date

A photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.