

**OREGON BOARD OF PAROLE  
OUT OF COUNTRY TRAVEL REQUEST**

NAME: \_\_\_\_\_ OFFENSE: \_\_\_\_\_  
SID # \_\_\_\_\_ COUNTY OF SUPERVISION: \_\_\_\_\_  
DATES OF TRAVEL: \_\_\_\_\_ LENGTH OF TIME ON SUPERVISION: \_\_\_\_\_  
CONFORMANCE TO SUPERVISION REQUIRMENTS: \_\_\_\_\_  
PAYMENT OF FINANCIAL OBLIGATIONS: \_\_\_\_\_  
PURPOSE OF TRAVEL: \_\_\_\_\_  
MODE OF TRAVEL: \_\_\_\_\_  
TRAVEL COMPANIONS: \_\_\_\_\_  
OFFENDER'S CRIMINAL HISTORY: \_\_\_\_\_  
VICTIM CONCERNS: \_\_\_\_\_  
COUNTRIES OF TRAVEL: \_\_\_\_\_  
MILITARY OBLIGATIONS: \_\_\_\_\_  
ANY CONCERNS ABOUT THE AREAS BEING TRAVELED: \_\_\_\_\_  
RECOMMENDATION OF SUPERVISING OFFICER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUPERVISING OFFICER DATE

RECOMMENDATION OF MANAGEMENT STAFF: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MANAGEMENT STAFF/TITLE DATE

Email completed form to: [bppps.webmaster@doc.state.or.us](mailto:bppps.webmaster@doc.state.or.us)

\*\*\*\*\* PAROLE BOARD USE ONLY \*\*\*\*\*

APPROVED  DENIED DATE \_\_\_\_\_

BOARD MEMBER: \_\_\_\_\_ BOARD MEMBER: \_\_\_\_\_

BOARD MEMBER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_