Criminal Justice Information Systems
Security Clearance Removal Request

SECTION 1	Subject Information
Name Listed on Flag **(Last, First Middle)**	
Previous Name (If applicable)	
ORI on Flag	
Date of Birth (YYYY-MM-DD)	
SID	
Date Fingerprinted (YYYY-MM-DD)	

All fields on this form are required. If there is any missing or inaccurate information, the form will be returned to the agency for corrections. Once the missing or inaccurate information has been corrected, the form can be resubmitted for processing.

The information required for this form can be obtained by requesting an CJIS Flag List from the LEDS Helpdesk HELPDESK.LEDS@osp.oregon.gov.

SECTION 2	Agency/Requestor Contact Information
Agency	
ORI	
Name	
Phone	
Email	

SECTION 3	Removal Request Submission

After an agency determines that an individual no longer requires unescorted access to a CJIS secure facility a CJIS security clearance removal request shall be submitted to the Oregon State Police.

The person identified above no longer requires access to a CJIS security area under my direction. By submitting this form, I am complying with the CJIS Security policy requirement for this facility and as directed in section 5.12.1.1 of the CJIS Security Policy and the State CSO or their designee.

Mail
Oregon State Police CJIS Division 3565 Trelstad Ave SE Salem, OR 97317

Fax
503-378-2121

Email – Preferred Method
CJIS.FLAGS@osp.oregon.gov

This form is to be submitted by an Agency TAC, Administrator/Manager, or other individual internally authorized by the agency.