

OREGON STATE POLICE
 Attention: Central Records Section
 3565 Trelstad Ave SE
 Salem, Oregon 97317
 Phone: (503) 378-3725 ext. 44444
 Fax: (503) 378-6300

Date: _____

To: Police Records

From: _____

Instructions: This form may be mailed, faxed or, to expedite the processing of your request, e-mailed to central.records@state.or.us.

Please fill out this Media Information Release Form and specify the information (report specifics) you are seeking to obtain. This form acts as your written request to obtain an Oregon State Police report and certifies the requested information is for an appropriate media use; therefore, a legal signature is required.

There is a fee for reports. The base fee is \$10; however, an hourly rate may be charged. A review of your request will result in an estimate of cost and you will be advised of the assessed fee. This fee must be paid in advance. Additional assistance regarding request of public records may be obtained online at <http://www.oregon.gov/OSP/PRR>.



OREGON STATE POLICE NEWS MEDIA REQUEST FOR RELEASE OF INFORMATION FORM

Complete this certification to apply to receive specifically identified police investigative information as a representative for or the operator of a news media organization in the business of communicating information to the general public. This form is submitted to support a request for specific investigative information involving:

_____ *[provide case #, suspect name, or other known identifying information specific to your request]*

Specify desired deadline date: _____

I, the undersigned, certify:

I am a representative/ operator *[check one]* of a news media organization in the business of communicating information to the general public.

I will use personal information (name, address, telephone number and driver license/permit/identification card number) only for gathering or disseminating information related to the operation of a motor vehicle or to public safety.

All statements within this certification are true and correct to the best of my knowledge.

Authorized Signature <i>(required)</i>	Title	Date
X	X	X
Requestor's Complete Name (PRINTED)	Organization Representing (Please PRINT)	
X	X	
Mailing Address	Contact Information	
	Phone <i>(required)</i>	Fax / Email

This request is subject to ORS 802.181, 192.501, 192.502, 192.505 and other applicable state and federal statutes relating to release of personal information.