

COPY OF OWN RECORD REQUEST

This form is to be used **ONLY** when requesting a copy of **YOUR OWN** Oregon State Criminal Background 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: (optional) _____ - _____ - _____

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) \$ _____

TOTAL INCLUDED \$ _____

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

Mail this document with your fingerprints (and check or money order) to the following address:

Oregon State Police
Unit 11
PO Box 4395
Portland, OR 97208-4395

The results, along with the fingerprint cards submitted will be returned to you. Please allow 10-14 business days to receive your response. **DUE TO THE CONFIDENTIALITY OF BACKGROUND HISTORY RECORD INFORMATION, RESULTS WILL BE MAILED ONLY TO THE REQUESTOR.** For questions or further information, please contact the OSP at (503) 378-3070