

**REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION  
ORS 181.555 AND ORS 181.560**

**INSTRUCTIONS:**

1. Please complete this form (or substantial copy) when requesting criminal history information.
2. Mail request with \$15.00 check or money order payable to the: **OREGON STATE POLICE**

**BILLING CUSTOMERS**

Identification Services Section  
Attn: Open Records  
3772 Portland Road N.E.  
Salem, Oregon 97303-2500

**DIRECT PAYMENT CUSTOMERS**

Oregon State Police  
Unit 11  
P.O. Box 4395  
Portland, Oregon 97208-4395

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. In the event a reportable record is found, subject will be advised of inquiry.

**SUBJECT INFORMATION:**

*All information is **required**. Failure to supply complete information may affect results of inquiry. Please **TYPE** or **PRINT CLEARLY**.*

(FOR OSP USE ONLY)

Name: \_\_\_\_\_

Last First Middle \_\_\_\_\_

Alias/Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If unknown, approx. age: \_\_\_\_

Social Security No.: \_\_\_\_\_  
(If known)

Current or Last Known Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip

**REQUESTOR INFORMATION:**

*If information is sought for employment purposes, please check one:  
Applicant has been advised of this request: **In Person:** \_\_\_ **By phone or letter:** \_\_\_*

Check or money order enclosed (\$15 per request, please submit one check for multiple requests)  
Please bill my account Account Number:

**Requestor's Name & Return Address:**  
(please **PRINT** or **TYPE**)

**Phone No.** ( ) \_\_\_\_\_

\_\_\_\_\_  
Jeannine Erving, Oregon Nannies, Inc.  
2170 Bedford Way  
Eugene, OR 97401

Note: Established billing customers may  
FAX their requests to (503)378-2121