

OKLAHOMA DEPARTMENT OF CORRECTIONS REQUEST FOR RECORD

Please furnish information as indicated concerning the below-described person.

PLEASE RESPOND TO: Attention: _____
Requesting Employee Name

Facility Name

Facility Mailing Address

***** THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY *****

NAME: _____
Last Name First Name Middle Name

Alias(es)/any other names by which subject is known

Please indicate Need for Request (Check One):

____ Volunteer/ ____ Intern/ ____ Employee Background; position being applied for: _____
____ CLEET Certification ____ Visitor Check; Offender name & DOC #: _____

____ Offender: ____ Parole/ ____ Sex Offender/ ____ PSI/ ____ Early Term/ ____ New Case/
____ Delayed Sen./ ____ Absconder/ ____ Other, explain; _____

Address: _____
Street/Rural Route/Box # City State Zip Code

____ DOB ____ GENDER ____ RACE ____ EYE COLOR ____ HAIR ____ HEIGHT ____ WEIGHT

____ SOCIAL SECURITY NO. ____ DRIVER LICENSE NO

____ FBI NO. ____ OSBI NO.

Please check only ONE item per request:

____ FBI Record Transcript ____ Out of State Criminal History—State: _____
____ OSBI Record Transcript ____ Out of State Driver's License—State: _____
____ Department of Public Safety Record ____ Other Information Needed _____
____ NCIC - Wanted _____

I certify that the information applied for is necessary in the interest of the due administration of the laws and not for the purpose of assisting a private citizen or for personal use.

____ Date Signature
ORI No. _____