REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION
ORS 181.555 AND ORS 181.560

INSTRUCTIONS:

The requested record information is furnished solely on the basis of name and/or description similarity with the subject of this inquiry. In the event a reportable record is found, the 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***

Name:_____
Last First Middle

Alias/Maiden Name(s)_____

Date of Birth:_____- _____ - _____ Social Security #:_____-_____-_____

Address: _____
Street or PO Box

_____
City State Zip

Phone #: _____

E-mail: _____

Signature _____ Date_____

SEND COMPLETED FORM TO:

Teresa Stout, Treasurer
Christmas Storybook Land
PO Box 246
Albany, OR 97321

Rev. 2024