

**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 \_\_\_\_\_

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**SEND COMPLETED FORM TO:**

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

~ or ~  
Scan and email to:  
[teresa.stout@comcast.net](mailto:teresa.stout@comcast.net)