



DEPARTMENT OF CORRECTIONS

Criminal History and DMV Authorization



I give my permission for the Oregon Department of Corrections to conduct a criminal history and a Department of Motor Vehicles check on. I understand that the information may be gathered through various sources including, but not limited to: LEADS, NCIC, DMV, or other regional and national computer databases, and such information will be used in decisions about my employability.

List all states that you have lived, worked, or attended school in since age 18:

List all other names that you have used including nicknames, aliases, and maiden name(s).

Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	

Preferred First Name:

Print-Type, First Name:	Print-Type, Middle Name:	Print-Type, Last Name:	Suffix:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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An electronic submission containing a typed or electronic signature or a photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

ODOC Office Use Only – Applicant Do Not Fill In

Social Security Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;">-</td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;">-</td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> </tr> </table>			-		-					
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Date of Birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;">-</td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;">-</td> <td style="width: 15%; border: 1px solid black;">1</td> <td style="width: 15%; border: 1px solid black;">9</td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> </tr> </table>		-		-	1	9				
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Drivers License Number & State											
NEOGOV ID:	Database ID:										