



OREGON DEPARTMENT OF CORRECTIONS
ID CARD REQUEST FORM

EMPLOYEE'S LEGAL NAME: (Last, First, Middle Initial)

NAME CHANGE FROM: TO:

CATEGORY CHECK ONE: [ ] EMPLOYEE [ ] CONTRACTOR [ ] VOLUNTEER/INTERN [ ] OTHER AGENCY EMPLOYEE

PLEASE CHECK REASON FOR A REPLACEMENT CARD:
\*\*PLEASE SUBMIT A \$5.00 FEE IF CARD IS DAMAGED OR LOST\*\*
REPLACEMENT REASON:

[ ] LOST [ ] DAMAGED [ ] STOLEN [ ] STATUS CHANGE
[ ] PHYSICAL CHARACTERISTICS [ ] REPLACEMENT FOR EXPIRED CARD

STATUS CHANGE POSITION/INSTITUTION FROM: TO:

FUNCTIONAL UNIT ID COORD

INSTITUTION:
FUNCTIONAL UNIT:
WORKING TITLE:
DPSST NUMBER:
SEX: [ ] MALE [ ] FEMALE
HEIGHT: FT. INCHES:
WEIGHT: LBS.
HAIR COLOR:
EYE COLOR:
DATE OF BIRTH:
DATE OF REQUEST:

DEPT ID COORD USE ONLY
ID CARD NUMBER:
ISSUE DATE:
EXPIRATION DATE:
STOLEN DATE: STOLEN #
LOST DATE: LOST ID #
ASSESSMENT FEE & CHECK #:
DATE SENT TO ACCOUNTING:
DATE PRINTED:
DEPT ID CARD COORD INITIALS:
SENT BY:
(SHUTTLE/DATE) (UPS/DATE)

UNIT COORD NAME: ID CARD COORD:
(Print/Type) (Signature/E-code)

FINGERPRINTS (X) LEDS: (X)
(DATE) (Signature/E-code) (DATE) (Signature/E-code)

VOLUNTEER PRGM MNGR INTIALS: (DATE) (Signature/E-code)
VOLUNTEER TRAINING COMPLETE: (DATE) (Signature/E-code)
VOLUNTEER DATABASE UPDATED: (DATE) (Signature/E-code)