

# 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  
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**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; \_\_\_\_\_  
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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.  
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**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. \_\_\_\_\_