

MULTNOMAH COUNTY SHERIFF'S OFFICE 501 SE HAWTHORNE BLVD., Suite 350 • Portland, OR 97214

Exemplary service for a safe, livable community

RECORDS CHECK AUTHORIZATION

TYPE OR PRINT LEGIBLY: Fill in all fields - Incomplete forms WILL NOT be processed. NO ABBREVIATIONS!

LAST NAME		FIRST NAME			MIDDLE NAME		
OTHER NAMES USE	D (AKA's, SURNAMES,	MAIDEN NAME, ETC.)					
CURRENT ADDRESS			СІТҮ		STATE	STATE ZIP CODE	
E-MAIL ADDRESS				() PHONE NUMBE	R		
			DRIVER'S LIC	CENSE:	1	1	
SOCIAL SECURITY	NUMBER			STATE	_/LICENCE NO.	EXP.	
					_ SEX (CHECK ONE): MALE / FEMALE		
RACE:	A – Asian/Pa	cific Islander B – Blac	k H – Latin Am	nerican I – American	Indian/Native Alaskan O -	- Other W - White	
DATE OF BIRTH			PLACE OF BIRTH (CITY)		(STATE)	(COUNTRY)	
EMPLOYER NAME	AME EMPLOYER TELEPHONE NUMBER EMPLOYEE JOB TITLE						
REASON FOR REQ	UESTED ACCESS / W	ORK BEING PERFORM	ED				
DO Y	OU HAVE ANY C	RIMINAL CONVIC IF YES, LIST		CARCERATION'S e additional page		'ES or 🗆 NO	
CHARGE			DATE		CHARGE	DATE	
or association w and/or submittin Office. Also, I ag	ith this agency for g false information ree to report any cr	official business. I un may exclude me fro	nderstand and m employment curring after th	agree that a record consideration or as ne submission of th	of convictions, pending of sociation with the Multhors authorization. I further	omah County Sheriff's	
I HEREBY AFF	IRM THE ABOVE	INFORMATION IS	TRUE:	SIGNATURE		DATE	
	<u>MUST</u> BE COMI				PERVISOR REQUESTING		
PRINT NAME:				DEPARTMENT/TI	TLE:		
SIGNATURE:				CONTACT NUMB	ER:		
REQUESTING		SREQUIRED)	MCSO ID LIMIT	TED DURATION (SP	PECIAL PROJECT – INTER	N) 🗌 OTHER	
			MCSO SPECIFI	C CONTRACTOR (J	AIL SIDE - ESCORT ONLY	()	