

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR RECORD**

PLEASE RESPOND TO:

Requesting Employee Name

Facility Name

Facility Mailing Address

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

Please furnish information as indicated concerning the below-described person.

Last Name

First Name

Middle Name

Alias(es)/any other names by which subject is known

Please indicate reason for request (check one):

Volunteer Intern CLEET Certification

Employee background Position being applied for: _____

Visitor check Offender/inmate name & ODOC #: _____

Offender/inmate Parole Sex Offender PSI

Early termination New case Delayed sentence Absconder

Other: _____

Address (street, rural route, box #)

City

State

Zip Code

DOB
(mm/dd/yyyy)

GENDE
R

RACE

EYE
COLOR

HAIR
COLOR

HEIGHT

WEIGHT

SOCIAL SECURITY NO.

DRIVER LICENSE NO

FBI NO.

OSBI NO.

Records requested:

FBI Record Transcript

NCIC — Wanted

OSBI Record Transcript

Out of State Criminal History — State: _____

Department of Public Safety Record

Out of State Driver's License — State: _____

Other Information Needed: _____

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.

Signature

ORI No.

Date

DOC 090211B (R 08/21)