



OREGON DEPARTMENT OF CORRECTIONS



Request for Background Verification Data/LEDS Information

DATE: _____

NAME: _____
Last First Middle

Other Names: _____ / _____ / _____

DATE OF BIRTH: _____ Male () Female ()
Month Day Year

SOCIAL SECURITY NUMBER: _____ Ethnicity: _____
(Optional or last 4-digits only) (Optional)

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ State: _____

Address: _____

Phone #: _____

Purpose/Reason for LEDS Check: _____ OJIN needed: Yes

Section Requesting LEDS Check: _____ Institution/Facility: _____

State(s) Wanted for LEDS Check: _____

The information provided will be used only for the purpose indicated above and will be handled with confidentiality.

By signing, you grant DOC permission to run a LEDS check and certify that the information provided above is correction and true to the best of your knowledge.

Signature: _____

Information/Permission received by phone/Fax.

Function Unit Manager/Designee must review and approve in all cases where criminal history is discovered.

No Criminal Record Criminal Record Approved Denied

Reviewed by: _____ Date: _____
Facility Manager

LEDS Check Completed by: _____ Date: _____
LEDS Operator