



OREGON DEPARTMENT OF CORRECTIONS Request for Background Verification Data/LEDS Information

Date: _____

Purpose: _____

Name: _____ / _____ / _____
Last Middle First

Other Names: _____ / _____ / _____

Date of Birth: _____ / _____ / _____
Month Day Year

Social Security #: _____
(Optional or last 4-digits only)

Ethnicity: _____
(Optional)

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

Driver's License#: _____ State: _____

Address: _____

Phone #: _____

Purpose/Reason for LEDS Check: _____

OJIN Needed: Yes No

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 correct and true to the best of your knowledge.

Signature: _____

Information/Permission received by phone.

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 FUM: _____

LEDS Check Completed By: _____