



MULTNOMAH COUNTY
SHERIFF'S OFFICE
Sheriff Nicole Morrissey O'Donnell

RECORDS CHECK AUTHORIZATION

(PLEASE PRINT LEGIBLY) Incomplete forms WILL NOT be processed.

LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH (MM/DD/YYYY)		
CURRENT ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER	E-MAIL		
OTHER NAMES USED (AKA's, SURNAMES, MAIDEN NAMES, ETC.)					DRIVER'S LICENSE/ID NO.	EXP. (MM/YYYY)	STATE	
PLACE OF BIRTH (CITY)	STATE	COUNTRY	GENDER	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
SOCIAL SECURITY NUMBER		COMPANY/DEPARTMENT NAME			JOB TITLE		WORK PHONE	

Please list **ALL ARRESTS, INCARCERATIONS, or CRIMINAL CONVICTIONS**. If you do not have specific dates, please include approximate month/year. Attach an additional page if needed. If not applicable, please write **"NONE"** in the first box provided. Failure to provide the information required, may result in the denial of the requested access.

CHARGE	DATE

I hereby authorize the Multnomah County Sheriff's Office to conduct a criminal history records check to determine my eligibility for the form of access requested and/or association with this agency for official business. I understand and agree that a record of arrest, incarceration, criminal conviction, pending criminal court actions, and/or submitting false information may exclude me from consideration for access to, or association with the Multnomah County Sheriff's Office. I agree to immediately report any arrest, incarceration, or criminal conviction occurring after the submission of this authorization. I further understand that I will be held accountable to the zero-tolerance standard set in the Prison Rape Elimination Act 2003 (PREA). I also understand that this authorization and agreement will remain in full force and effect until I notify the Multnomah County Sheriff's Office in writing that I wish to revoke this authorization.

APPLICANT SIGNATURE

DATE (MM/DD/YYYY)

TO BE COMPLETED BY MULTNOMAH COUNTY MANAGER/SUPERVISOR, OR DEPARTMENT REQUESTING ACCESS

MANAGER PRINT NAME:	DEPARTMENT:	<input type="checkbox"/> MCSO ID	<input type="checkbox"/> LIMITED DURATION MCSO ID (INTERN)	<input type="checkbox"/> CJIS ONLY
MANAGER SIGNATURE:	PHONE NUMBER:	<input type="checkbox"/> MCSO ESCORT ONLY (JAIL ONLY)	<input type="checkbox"/> ONE-TIME VISIT (JAIL TOUR)	<input type="checkbox"/> SWIS ACCESS
		<input type="checkbox"/> EMERGENCY REPAIR		