



**MULTNOMAH COUNTY
SHERIFF'S OFFICE**
Sheriff Nicole Morrisey 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 _____ lbs

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:

MANAGER SIGNATURE:

PHONE NUMBER:

- MCSO ID
- LIMITED DURATION MCSO ID (INTERN)
- CJIS ONLY
- MCSO ESCORT ONLY (JAIL ONLY)
- ONE-TIME VISIT (JAIL TOUR)
- SWIS ACCESS
- EMERGENCY REPAIR