



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		EMAIL ADDRESS	
OTHER NAMES USED (MAIDEN NAMES, NICKNAMES, AKA's, ETC.)					VALID GOVERNMENT-ISSUED PHOTO ID NUMBER		EXP. (MM/YYYY)	STATE
PLACE OF BIRTH (CITY)	STATE	COUNTRY	GENDER	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT <small>lb</small>
SOCIAL SECURITY NUMBER		COMPANY / DEPARTMENT NAME			JOB TITLE		WORK PHONE	

Check here to indicate you have attached a front and back copy of the valid government-issued photo ID listed above

Please list ALL ARRESTS, INCARCERATIONS, or CRIMINAL CONVICTIONS. If you do not have specific dates, please include an approximate month/year. 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. Please use the back of this form if you require more room.

CHARGE	DATE OF BIRTH (MM/DD/YYYY)

I hereby authorize the Multnomah County Department of Community Justice (DCJ) to conduct criminal history records checks as needed to determine and MAINTAIN 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 DCJ. 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 DCJ in writing that I wish to revoke this authorization.

_____ APPLICANT SIGNATURE	_____ DATE (MM/DD/YYYY)
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