



# Multnomah County Sheriff's Office

"A Safe and Thriving Community for Everyone"

# 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, since the age of 18. 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