



Send to:

OISC Information Request Specialist
Oregon Department of Corrections 24499
SW Grahams Ferry Road Wilsonville, OR
97070-5670
Email: OISCINFO@doc.state.or.us
Phone: (503) 570-6919, Fax: (503) 570-6902

INFORMATION REQUEST

Date:

Agency/Person Requesting:

Address:

Phone Number:

Fax Number:

IDENTIFYING INFORMATION

SID Number:

Name:

Date of Birth:

Date Needed:

Please provide copies of the following public records/information (be specific) (excluding medical records):

Are certified copies needed? Yes No

Note: Fees may be assessed in accordance with OAR 291-037-0020