

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
REQUEST FOR RECORD**

**PLEASE RESPOND TO:**

\_\_\_\_\_  
Requesting Employee Name

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Mailing Address

---

---

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY**

Please furnish information as indicated concerning the below-described person.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Alias(es)/any other names by which subject is known

**Please indicate reason for request (check one):**

☐ Volunteer    ☐ Intern    ☐ CLEET Certification

☐ Employee background    Position being applied for: \_\_\_\_\_

☐ Visitor check    Offender/inmate name & ODOC #: \_\_\_\_\_

☐ Offender/inmate    ☐ Parole    ☐ Sex Offender    ☐ PSI

☐ Early termination    ☐ New case    ☐ Delayed sentence    ☐ Absconder

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Address (street, rural route, box #)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
DOB  
(mm/dd/yyyy)

\_\_\_\_\_  
GENDE  
R

\_\_\_\_\_  
RACE

\_\_\_\_\_  
EYE  
COLOR

\_\_\_\_\_  
HAIR  
COLOR

\_\_\_\_\_  
HEIGHT

\_\_\_\_\_  
WEIGHT

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DRIVER LICENSE NO

\_\_\_\_\_  
FBI NO.

\_\_\_\_\_  
OSBI NO.

**Records requested:**

☐ FBI Record Transcript

☐ NCIC — Wanted

☐ OSBI Record Transcript

☐ Out of State Criminal History — State: \_\_\_\_\_

☐ Department of Public Safety Record

☐ Out of State Driver's License — State: \_\_\_\_\_

☐ Other Information Needed: \_\_\_\_\_

---

---

I certify that the information applied for is necessary in the interest of the due administration of the laws and not for the purpose of assisting a private citizen or for personal use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ORI No.

\_\_\_\_\_  
Date

DOC 090211B (R 08/21)