

Childs name

\_\_\_\_\_

**REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION**  
**ORS 181.555 AND ORS 181.560**  
**INSTRUCTIONS:**

1. Please complete this form (or substantial copy) when requesting criminal history information on another person.
2. Attach \$10.00 payment payable to: **CW COOP**

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. In the event a reportable record is found, subject will be advised of inquiry.

**SUBJECT INFORMATION:** All information is **REQUIRED**. Failure to supply complete information may effect results of inquiry.

Please **TYPE** or **PRINT CLEARLY**

(FOR OSP USE ONLY)

Name: \_\_\_\_\_  
Last First MiddleName

Alias/Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Soc Sec #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
If unknown, approx age \_\_\_\_\_ (if known)

Current or Last Known Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip

**REQUESTOR'S NAME & RETURN ADDRESS** Phone # (360) 834-6244  
**(please PRINT or TYPE)**

CW PARENT COOP PRESCHOOL  
PO BOX 796  
CAMAS, WA 98607

Note: Established billing account  
customers may FAX their requests to  
(503) 378-2121