OREGON DEPARTMENT OF EDUCATION
Public Service Building
255 Capitol Street NE
Salem, Oregon 97310

Pupil Transportation and Fingerprinting Unit
503-947-5600

FINGERPRINT-BASED CRIMINAL HISTORY CLEARANCE REQUEST

PREVIOUS EMPLOYER: The individual identified in SECTION 1 below has indicated that you employed him/her in a classified position that required fingerprinting.

Please complete SECTION 2 and return to the current employer shown in SECTION 1.

SECTION 1 — TO BE COMPLETED BY EMPLOYEE/ CURRENT EMPLOYER

Employee's Full Name: _____ _____
Last, First, Middle — Social Security Number

Address: _____ _____
Date of Birth

Previous Employer (District/School Name): _____

Street: _____

City, State, Zip: _____

Current Employer (District/School Name): _____ Attn: _____

Street: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____ Fax: _____

_____ _____
Applicant's Signature — Date

SECTION 2 — TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant above was employed/contracted by our district/school. Yes ☐ No ☐

Employed as (job title) _____ from (mo./yr.) _____ to (mo./yr.) _____

District/School Name: _____

Fingerprint Cleared by ODE: Yes ☐ No ☐ If yes, Date Cleared: _____ ODE (OCA) # _____

Printed Name of Person Completing Form: _____ Phone Number: _____

Signature of Person Completing Form: _____ Date: _____