

# OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place  
Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

[http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/)

### Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00  
\* Must provide fingerprint card.  
\* Includes name based search.

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person

*Requests will be returned in the manner received.*

*Mail requests should include postage-paid reply envelope.*

*Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:*

( )

**ACCEPTABLE FORMS OF PAYMENT:**  CASH  CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.*  CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

*Please print the name of the individual card holder as it appears on the credit card.*

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME Louise Samson

A New Beginning Adoption Agency

Louise Samson

SIGNATURE OF REQUESTING PARTY

STREET ADDRESS 9703 W. Ustick Rd.

Boise Idaho

83704

CITY

STATE

ZIP

PHONE NUMBER (208) 939-3865

E-MAIL ADDRESS admin@adoptionnewbeginning.org

*Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.*

PURPOSE OF REQUEST Pre-Adoptive Home Study

### SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

*Forms with corrections done with white out or by striking through the fields in this section will not be processed.*

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation  
Computerized Criminal History

Oklahoma Department of Corrections  
Sex Offender

Oklahoma Department of Corrections  
Violent Offender

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*

*For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*