

## PEN PACK REQUEST

Date:

Agency/Person Requesting:

Address:

Phone Number:

Fax Number:

### INMATE INFORMATION

SID Number:

Name:

Date of Birth:

Date Needed:

Are certified copies needed?    Yes    No

Additional Information:

### **Send to:**

OISC Information Request Specialist  
Oregon Department of Corrections  
24499 SW Grahams Ferry Road  
Wilsonville, OR 97070-5670

Email: [OISCINFO@doc.oregon.gov](mailto:OISCINFO@doc.oregon.gov)  
Phone: (503) 570-6919, Fax: (503) 570-6902

Note: Pen Packs typically include facesheets (first and last), court/sentence orders or judgments, discharge of parole, revocation recommendations and violation and structured sanctions. If other documents are needed, please specify in request.

### **Prints can be obtained from:**

Oregon State Police CJIS/CCH Records 3565 Trelstad Ave.SE  
Salem OR 97317  
Phone (503) 378-3070