



Criminal Justice Information Systems Security Clearance Removal Request

| SECTION 1 Applicant Information | |
|--|--|
| Full Name | |
| Name Listed on Flag | |
| ORI Listed on Flag | |
| Date of Birth | |
| SID | |
| Date Fingerprinted | |
| <p>All fields on this form are required. If there is any missing or inaccurate information, the form will be returned to the agency for corrections. Once the missing or inaccurate information has been corrected, the form can be resubmitted for processing.</p> <p>The information required for this form can be obtained by requesting an CJIS Flag List from the LEDS Helpdesk HELPDESK.LEDS@osp.oregon.gov.</p> | |

| SECTION 2 Manager/Agency Contact Information | |
|--|--|
| Agency | |
| ORI | |
| Name | |
| Phone | |
| Email | |

| SECTION 3 Removal Request Submission | |
|--|--|
| <p>After an agency determines that an individual no longer requires unescorted access to a CJIS secure facility a CJIS security clearance removal request shall be submitted to the Oregon State Police.</p> <p>The person identified above no longer requires access to a CJIS security area under my direction. By submitting this form, I am complying with the CJIS Security policy requirement for this facility and as directed in section 5.12.1.1 of the CJIS Security Policy and the State CSO or their designee.</p> | |
| Mail | Oregon State Police CJIS Division 3565 Trelstad Ave SE Salem, OR 97317 |
| Fax | 503-378-2121 |
| Email | CJIS.FLAGS@osp.oregon.gov |

| SECTION 4 Signatures | |
|---|--|
| <i>Manager/CJIS Representative Signature (Print & Sign)</i> | |
| <i>Date</i> | |