



Criminal Justice Information Systems Security Clearance Removal Request

SECTION 1 Applicant Information

Full Name:	
Additional Names	
Date of Birth	
SID	
Date Fingerprinted	

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.

The information required for this form can be obtained by requesting an ORI Flag List from the LEDS Helpdesk HELPDESK.LEDS@osp.oregon.gov or the information can also be obtained from the LEDS Training File.

SECTION 2 Manager/Agency Contact Information

Agency	
ORI	
Name	
Phone	
Email	

SECTION 3 Removal Request Submission

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.

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.

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>