



# PUBLIC RECORDS REQUEST

## LANE COUNTY SHERIFF'S OFFICE CORRECTIONS DIVISION

101 West 5<sup>th</sup> Avenue Eugene, Oregon 97401  
Records Phone: (541) 682-2227 – FAX: (541) 682-2142

### Section A – Requester Information

NAME OF REQUESTING INDIVIDUAL		RELATION TO OFFENDER
PHONE	FAX	E-MAIL
MAILING ADDRESS		
CITY	STATE	ZIP
SIGNATURE / DATE		

### Section B – Information Request

OFFENDER NAME	ID NUMBER	DATE OF BIRTH
LODGING DATES	INTENDED USE OF RECORDS	
DESCRIBE WHAT KINDS OF RECORDS YOU ARE REQUESTING:		
Is this request for the purpose of detecting or apprehending persons for the purpose of enforcing federal immigration laws?	YES	NO
<b>Please note:</b> A separate consent form, signed by the Adult in Custody is needed to request medical documents. Lane County Adult Corrections staff shall locate and assemble the record(s) requested, eliminating any records which are exempt from disclosure (ORS 192.410 to 192.505).		

### Section C – Fee Schedule

Adult In Custody File Request (per AIC/per lodging): \$10.00 first 4 pages, 25 cents for each additional page
Adult In Custody History/Date of Incarceration Report: \$5.00 first 4 pages, 25 cents for each additional page
Adult In Custody Arrest Report: \$5.00 first 4 pages, 25 cents for each additional page
Photo Only/Mug shot profile: \$7.00 per photo or mug shot profile
Special Research Requests: Referred to Records Supervisor for coordination & cost estimate.
<b>Please Note:</b> Lane County Adult Corrections shall charge a reasonable fee for the location, assemblage, copying, and review of the records, as allowed under ORS 192.440.

### FOR CORRECTIONS PERSONNEL USE ONLY

Date request received: \_\_\_\_\_ by \_\_\_\_\_

#### Estimate

An estimate of \$ \_\_\_\_\_  
was provided on \_\_\_\_\_  
by \_\_\_\_\_

#### Request Status

Request prepared by \_\_\_\_\_  
 Request Released by \_\_\_\_\_  
 Information not provided – law excludes information requested

#### Payment status

Amount received \$ \_\_\_\_\_  
 Cash       Check \_\_\_\_\_  
 Number of Pages \_\_\_\_\_



# GENERAL CONSENT FORM

**LANE COUNTY SHERIFF'S OFFICE**

**CORRECTIONS DIVISION**

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## Authorization of Disclosure of Records

I, \_\_\_\_\_ authorize \_\_\_\_\_  
NAME NAME OF PROGRAM TO DISCLOSE INFORMATION

to disclose to \_\_\_\_\_

\_\_\_\_\_

For the following purposes: \_\_\_\_\_

\_\_\_\_\_

I acknowledge that data which I am hereby authorizing to be released may include information that is specific to drug and/or alcohol and/or psychiatric treatment which cannot be released without my consent.

I understand that my consent to disclose may be revoked by me, at any time, except to the extent that action has been taken in reliance thereon.

This consent (unless expressly revoked earlier) will expire upon \_\_\_\_\_

\_\_\_\_\_  
SPECIFY DATE, EVENT, OR CONDITION UPON WHICH IT WILL EXPIRE

Signature of Client/Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent, Guardian,  
or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Specify Relationship: \_\_\_\_\_ Date: \_\_\_\_\_