



**SHERIFF RUSSEL E. BURGER
LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION**

**101 West 5th Avenue
Eugene, Oregon 97401**

Phone: (541) 682-2227(Records) – FAX: (541) 682-2142(Records)

PUBLIC RECORDS REQUEST

Date of Request: _____ AIRS #: _____

Name of Inmate: _____ DOB: _____

Date of Lodging: _____

Describe what kinds of records you are requesting. **Please note:** A separate consent form, signed by the inmate is needed to request medical documents.

Intended Use of Record Information: _____

Requesting Person: _____ Telephone: _____

Relationship to Inmate: _____

Street Address, City, State, ZIP: _____

Signature: _____ Date: _____

FOR CORRECTIONS PERSONNEL USE ONLY

Copy Released: [] Yes [] No Number of Pages: _____ Billing: _____

Prepared by: _____ Released by: _____ Date: _____

FEES

Inmate File Request (per inmate/per lodging)	\$10.00 first 4 pages /.25 for each additional page
Inmate History/Date of Incarceration Report	\$5.00 first 4 pages /.25 for each additional page
Inmate Arrest Report	\$5.00 first 4 pages /.25 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.

Effective: December 1, 2008

GENERAL CONSENT FORM
AUTHORIZATION OF DISCLOSURE OF RECORDS

I, _____
(Name)

authorize _____
(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 _____