

Date: _____

Board of Parole
2575 Center St NE
Salem, OR 97310

In accordance with Oregon law, I am requesting that I be notified of all hearing and release dates for the following inmate:

Inmate's Full Name

State Identification Number

Date Sentenced

Date Crime Committed

Crime Convicted of

Your name: _____

Victim's Name: _____

Mailing Address: _____

Day Phone: _____ Message Phone: _____

Relation to Victim: _____ actual victim
_____ next of kin
_____ representative - explain:
_____ attorney

_____ Yes, I wish my address and phone number to be kept confidential, not to be disclosed to the inmate.

_____ No, I do not wish my address and phone number to be kept confidential.

I agree that I will notify the Parole Board should my address and/or phone number changes.

SIGNATURE

PAROLEBD/VAPDOCS

WHITE COPY: Send to Board of Parole

YELLOW COPY: Retain for your Records