

Background Investigation Unit  
Northern Field Office  
9838 Old Placerville Rd., Ste B  
Sacramento, CA 95827  
916-255-2500 phone  
916-255-2879 fax



Dear Applicant:

This is in response to your request for a copy of your Personal History Statement (PHS), and/or copies of documents you submitted which are contained in your Background Investigation file. Please complete the attached **Request for Records Access** form. Complete all information requested in the area labeled “**to be completed by requestor**”. You may submit your completed request in one of two ways:

- (1) **Return via mail** – If you return this form via mail, you must first take the form to a Notary Public, sign the form in front of the Notary and then return the completed, notarized form to the address listed above.
- (2) **Submit in person** – If you choose to submit this form in person, you may do so at the Northern Selection Center, 9838 Old Placerville Rd., Ste B, Sacramento, CA 95827. **If you submit the form in person, you must bring a valid picture identification card with you for verification.** Acceptable forms of picture identification are: Valid driver’s license; valid DMV Identification card. Your completed request form will be submitted for processing. Office hours are Monday – Thursday from 8:00 a.m. – 5:00 p.m.

Please be advised that your request is for information governed by the Information Practices Act and all requests for information are processed in strict compliance with this law. It may take up to 30 days to comply with your request. Additionally, a fee of ten cents (\$.10) per page will be charged and collected at the time the records are made available. Based on the information requested, you will receive a letter notifying you of the number of pages copied and the total amount due.

Once you receive this letter, you may either mail or bring a **cashiers check or money order** made payable to the California Department of Corrections and Rehabilitation in the amount indicated on the letter. Upon receipt of a cashiers check or money order, your requested copies will be released. If our Department does not receive a money order or cashier check within 30 days of notification, your request will be considered invalid.

**PLEASE NOTE:** If you choose to pick up your copies, you must bring your valid picture identification card with you. Your copies will not be released without valid picture identification. **Your copies will be located at the Old Placerville Road address listed at the top of this letter. Please call the office at the number listed above to schedule this pickup.** If you have any questions, please call the Background Investigation Unit at the number listed above and request to speak with a Disclosure specialist.

Thank You

# REQUEST FOR RECORDS ACCESS

OPOS 10P (07/09) (Formerly CDC 1925)

**INSTRUCTIONS:** Complete the area entitled "TO BE COMPLETED BY REQUESTOR" and return this form to An Office of Peace Officer Selection (OPOS) SelectionCenter. You must present a valid driver license or ID card when submitting this form. If the form is submitted by mail, it must have a notarized signature. Upon receipt of the request, review or copies of records will be available within 30 days for active records and 60 days for inactive records. Cost for copies is 10 cents for each single-sided document/page.

**TO BE COMPLETED BY REQUESTOR:**

I request access to the Office of Peace Officer Selection Applicant Selection records which are retrievable either by my name, social security number or other identifying particular:		
<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>SPECIFIC INFORMATION OR RECORDS REQUESTED:</b>		
<b>SOCIAL SECURITY NUMBER</b>	<b>DRIVER LICENSE NUMBER:</b>	IF NOT USING DRIVER LICENSE TO PROVIDE IDENTIFICATION, LIST OTHER FORM OF PICTURE IDENTIFICATION:
<b>SIGNATURE OF REQUESTOR</b>		<b>DATE</b>

<input type="checkbox"/> ID of requestor verified at the time of submittal	OPOS STAFF SIGNATURE _____
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**TO BE COMPLETED BY FILE OFFICIAL:**

I, _____	_____
<b>NAME</b>	<b>TITLE</b>
<input type="checkbox"/> PROVIDED ACCESS AS REQUESTED <input type="checkbox"/> PROVIDED ACCESS WITH MODIFICATION: (SINGULARLY OR IN COMBINATION) <ul style="list-style-type: none"> <li><input type="checkbox"/> INFORMATION SUMMARIZED/DELETED UNDER AUTHORITY OF CIVIL CODE SECTION 1798.38</li> <li><input type="checkbox"/> RECORDS EXEMPT FROM DISCLOSURE UNDER AUTHORITY OF:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> GOVERNMENT CODE SECTION 6254</li> <li><input type="checkbox"/> EVIDENCE CODE 1040(B)</li> </ul> </li> <li><input type="checkbox"/> RECORDS/REPORTS MAINTAINED BY OTHER LAW ENFORCEMENT AGENCIES (REFER TO ATTACHED). ACCESS MUST BE REQUESTED FROM REFERENCED AGENCY UNDER DEFINITION OF CIVIL CODE SECTIONS 1798.30, 1798.34.</li> </ul>	
<input type="checkbox"/> DENIED ACCESS: <ul style="list-style-type: none"> <li><input type="checkbox"/> RECORDS IDENTIFIED AS CONFIDENTIAL; THEREBY, PROTECTED FROM DISCLOSURE UNDER AUTHORITY OF SECTION 6254 OF THE GOVERNMENT CODE.</li> <li><input type="checkbox"/> UNABLE TO LOCATE RECORDS AS IDENTIFIED</li> <li><input type="checkbox"/> RETENTION PERIOD EXPIRED – RECORDS PURGED/DESTROYED</li> <li><input type="checkbox"/> RECORDS REQUESTED NOT MAINTAINED BY OPOS</li> </ul>	
<input type="checkbox"/> OTHER: _____ _____ _____ _____ _____	
<b>SIGNATURE OF FILE OFFICIAL</b>	<b>PHONE NUMBER</b>
	<b>DATE</b>

(OVER)

**RECORDS REVIEW ARRANGEMENTS:**

RECORDS REVIEW WILL BE HELD AT:

OFFICE ADDRESS:

PHONE:

**INSTRUCTIONS TO REQUESTOR:**

IN ORDER TO REVIEW THE RECORDS, YOU MUST CONTACT \_\_\_\_\_ AT THE ADDRESS AND PHONE NUMBER INDICATED. A MUTUALLY CONVENIENT APPOINTMENT WILL BE SCHEDULED FOR THE RECORDS REVIEW. RECORDS REVIEW MAY BE SCHEDULED DURING NORMAL OFFICE HOURS ONLY. ANY COPIES OF MATERIALS WILL REQUIRE A 10-CENTS FEE PER PAGE. FAILURE TO ARRANGE THIS APPOINTMENT BEFORE \_\_\_\_\_ WILL BE DEEMED A WITHDRAWAL OF YOUR REQUEST FOR RECORDS ACCESS. POSITIVE IDENTIFICATION WILL BE REQUIRED.

**DISCLOSURE RECORD:**

NAME OF PERSON REVIEWING RECORD: \_\_\_\_\_ I.D. VERIFIED BY: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_ TIME OF REVIEW: \_\_\_\_\_

NAME OF DISCLOSER: \_\_\_\_\_ TITLE: \_\_\_\_\_

LOCATION OF REVIEW: \_\_\_\_\_

TOTAL COPIES RECEIVED BY REVIEWER/REQUESTOR: \_\_\_\_\_ X 10 cents each = \$ \_\_\_\_\_

MONIES RECEIVED: \$ \_\_\_\_\_ BY: \_\_\_\_\_

SIGNATURE OF PERSON REVIEWING RECORD: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME REVIEW ENDED: \_\_\_\_\_

**APPEAL RIGHTS:**

**NOTE:** IF ACCESS IS DENIED, YOU MAY APPEAL THE DENIAL BY SUBMITTING A COPY OF THIS FORM TO:

DEPARTMENT OF CORRECTIONS  
 INFORMATION PRACTICES ACT COORDINATOR  
 P.O. BOX 942883  
 SACRAMENTO, CALIFORNIA 94283-0001

A REVIEW OF THE ABOVE DECISION TO DENY ACCESS IS REQUESTED

SIGNATURE OF REQUESTOR	PHONE NUMBER	DATE
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**APPEAL DECISION:**

I HAVE REVIEWED THE ABOVE DECISION AS REQUESTED, AND HAVE DETERMINED:

ACCESS WILL BE PROVIDED

ACCESS IS DENIED

SIGNATURE OF INFORMATION PRACTICES ACT COORDINATOR	DATE
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