OKLAHOMA DEPARTMENT OF CORRECTIONS
CHALLENGE of CRIMINAL
HISTORY RECORD

TO: _____ FROM:_____ _____
Originating Agency Name ODOC #

_____ _____
Address Address

_____ _____
City State Zip City State Zip

I have reviewed my criminal history records at _____and find that
(Agency)
certain entries originating in your agency are significantly inaccurate or incomplete in the following particulars:

Record Now Reads
Record Entry Number _____ Date _____
Charge _____ Date _____
Disposition _____ Date _____

Record Should Read
Record Entry Number _____ Date _____
Charge _____ Date _____
Disposition _____ Date _____

Basis for challenge
_____
_____
_
_____
_____
__

__ I have attached and signed an additional sheet/sheets describing other claimed errors in my records originating in your agency.

_____ _____
Signature
Date

DOC 060212C
(R 11/21)