



Oregon Missing Children and Adults Clearinghouse



Missing Person Publication Request and Agreement

Regarding: _____ (missing person)

I request that the Oregon State Police publish the name, age, description, photograph and circumstances surrounding the status of the Missing Person. Any information supplied by me shall be truthful. I understand that the information I provide may be published on the internet, in reports, made available to law enforcement, hospitals, medical examiners, children’s shelters, social services, other agencies or organizations involved with missing children and adults and, ultimately, the news media and the public.

In exchange for the distribution of this information, I, for myself, and on behalf of my heirs, executors, administrators, successors, assigns, beneficiaries, or delegates, hereby release and forever discharge the Oregon State Police, the State of Oregon, and its officers, agents or employees from any and all demands and claims, known or unknown, that I have or may have arising from the distribution of the information referenced above, including any liability or defense costs in an action that may be subsequently prosecuted by the subject (the missing person).

Relationship to Missing Person

Signature Date

Print Name Street Address City, State, ZIP

Telephone Number Email Address

Reporting Agency Agency Case # NCIC#

Investigating Officer Phone Number

*This form must be filled out completely and a photo must be attached. If you are not law enforcement, contact the law enforcement agency working the case to obtain the information.
Email the completed form and photo to OSPMissingPersons@osp.state.or.us
Or mail to: Oregon State Police, 3565 Trelstad Ave. SE, Salem, OR 97317*