MINNESOTA DEPARTMENT OF CORRECTIONS
Central Office (CO)
SPP/SDP Records Request Certification

I attest that I have made a due and diligent search of Department of Corrections Central Office for

_____ OID _____ . This certified copy of the following records are attached in response to your request.

_____ _____

Staff name and title | Signature | Date

Subscribed and sworn before me on

_____ , 20 _____

_____

Notary Public

		(Initial – Yes or No)	
1.	**RACN Unit**	_____ YES	_____ NO
2.	**DOC Central Office:**	_____ YES	_____ NO
	Base file	_____ YES	_____ NO
	Confidential File	_____ YES	_____ NO
	Medical Unit	_____ YES	_____ NO
	Psychology Unit	_____ YES	_____ NO
	Caseworker File	_____ YES	_____ NO
3.	**Additional CO info:**	_____ YES	_____ NO
4.	**Archived (Microfilm):**	_____ YES	_____ NO
	Base/Confidential/Medical/Psych/Caseworker	_____ YES	_____ NO
	Additional Archived info:	_____ YES	_____ NO

YES: Complete record uploaded
NO: No record exists at this facility