MINNESOTA DEPARTMENT OF CORRECTIONS
Office of Special Investigations (OSI)
SPP/SDP Records Request Certification

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

_____ OID _____ . This certified copy of the following records is 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)

OSI files:	_____ YES	_____ NO

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