



Benton County Sheriff's Office - Jail

180 NW 5th Street, Corvallis, OR 97330
 541.766.6858 FAX 541.766.6011

PROFESSIONAL VISITOR VERIFICATION

Please Complete Entire Form and Print Legibly

Name:		Date of Birth:	
		/ /	
Job Title:			
Capacity: <input type="checkbox"/> Attorney <input type="checkbox"/> DHS <input type="checkbox"/> Court <input type="checkbox"/> Interpreter <input type="checkbox"/> Mental Health <input type="checkbox"/> Private Investigator <input type="checkbox"/> Religious <input type="checkbox"/> Psychologist <input type="checkbox"/> Other: _____			
Professional ID# (Oregon Bar, PI, etc.) #		Expiration Date: / /	
Employer/Agency/Religious Institution:		Business Phone:	
Business Address:	Street	City	State Zip Code
Email:			

Attorneys:

<i>I am requesting the phone number(s) be entered as privileged in the inmate phone system.</i>		Staff Use Only: Entered in Securus	
Telephone # () -	Listing for the Telephone #:	Staff:	Date:
Telephone # () -	Listing for the Telephone #:	Staff:	Date:

Acknowledgement:

I _____ have read, understand and agree to abide by the information in the following documents:

- PREA
- Professional Visitor Orientation
- Rules to Follow while Conducting Business at Benton County Jail

You will also need to provide us with your Driver's License and Business Credential.

Professional Visitor Signature:	Date:	Jail Staff Witness:	Date:

Staff Use Only:

Driver's License Business Credential PREA
 CCH run by **STAFF:** _____ **DATE:** _____
 Name Added to Prof Visitor Roster Paperwork Filed in Binder

Approved: Yes Denied

Notes: