AUTHORIZATION FOR VISITATION/CORRESPONDENCE FORM

(Letterhead)

DATE: _____

TO: _____
Facility/District Head

_____
Facility/District Name

_____
Facility/District Address

_____
Facility/District City/State/Zip

FROM:

RE: **REQUEST FOR VISITATION/CORRESPONDENCE**

Inmate, _____, DOC #_____, has requested permission to visit/correspond with:

_____ _____
Name/ODOC# Stated Relationship

Our records ( ) do ( ) do not verify this relationship; therefore, I ( ) do ( ) do not support this request.

COMMENTS: _____

_____

Please indicate your decision in the space below and return this form to:_____

_____
at your earliest convenience. If you approve this request, please advise your staff and the inmate. Should you deny this request, please provide your comments for denial.

( ) Approved ( ) Denied

_____
Facility/District Head or Designee

COMMENTS:_____

_____

Supervising Officer:_____
Name/Title

DOC 030118F
(4/16)