

AUTHORIZATION FOR VISITATION/CORRESPONDENCE FORM

(Letterhead)

DATE: _____

TO: _____
Facility Head

Facility Name

Facility Address

Facility City/State/Zip

FROM:

RE: **REQUEST FOR VISITATION/CORRESPONDENCE**

My offender, _____, DOC # _____, had requested permission to visit/correspond with:

Name/DOC #

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 your resident. Should you deny this request, we would appreciate your comments for denial.

() Approved () Denied

Facility Head or Designee

COMMENTS: _____

Supervising Officer: _____
Name/Title