

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
CORRECTIONS COMPACT  
TRANSFER REQUEST COVER SHEET**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

CURRENT INSTITUTION: \_\_\_\_\_ REQUESTING TRANSFER TO: \_\_\_\_\_

PROJECTED RELEASE DATE: \_\_\_\_\_ CURRENT SECURITY CLASS: \_\_\_\_\_

INCARCERATED CRIME(S): \_\_\_\_\_

CRIMINAL INFORMATION/CIRCUMSTANCES OF CRIME(S): \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

DOES THE OFFENDER HAVE FAMILY OR OTHER TIES IN THE PROPOSED RECEIVING STATE? YES NO  
(IF YES, EXPLAIN AND PROVIDE NAME, ADDRESS, AND EXPLAIN RELATIONSHIP)

WORK HISTORY: \_\_\_\_\_

MISCONDUCT HISTORY: \_\_\_\_\_

PROGRAM PARTICIPATION: \_\_\_\_\_

ATTITUDE/RELATIONSHIP: \_\_\_\_\_

RECOMMENDATION APPROVED BY: \_\_\_\_\_

Facility Head