OKLAHOMA DEPARTMENT OF CORRECTIONS

CERTIFICATE OF RELEASE

THIS IS TO VERIFY THAT _____, DOC # _____

WAS RELEASED FROM CONFINEMENT AT _____

ON THE _____ DAY OF _____, 20_____, AS A RESULT OF:

___ DISCHARGE, SENTENCE COMPLETED ____ PAROLE
___ DISCHARGE, COMMUTATION ____ DISCHARGE TO PROBATION SUPERVISION
___ DISCHARGE, COURT ORDERED ____ APPEAL BOND/REVERSED AND REMANDED
___DISCHARGE TO POST-IMPRISONMENT SUPERVISION

Furthermore, that all applicable credits have been applied in conformity with statutes of the state of Oklahoma and established procedures of the Oklahoma Department of Corrections pursuant to case(s): _____.

___ Your field file reveals no required period of supervision with the Oklahoma Department of Corrections.

___ Documentation in your field file reveals that you are under a term of (supervised) (unsupervised) probation/parole/post-imprisonment supervision pursuant to case(s)_____ until _____. You are required to report for supervision within 24hours (excluding holidays/weekends) to: _____

SIGNED THIS _____ DAY OF _____, 20___.

_____ _____
Facility Head/District Supervisor/Designee Witness

I HEREBY ACKNOWLEDGE RECEIPT: _____
Offender's Name and DOC #

Offender's Forwarding Address:

_____
Street City State Zip