

OKLAHOMA  
DEPARTMENT OF CORRECTIONS

-TRAVEL PERMIT-



TO WHOM IT MAY CONCERN:

NAME: \_\_\_\_\_ INST. NO \_\_\_\_\_ CASE NO. \_\_\_\_\_

RACE/GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

(Address) (City) (State)  
PERSON TO BE VISITED: \_\_\_\_\_ /relationship: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

MEANS OF TRANSPORTATION: \_\_\_\_\_

Vehicle: Make/Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

COMPANIONS: \_\_\_\_\_

SPECIAL INSTRUCTIONS TO PAROLEE OR PROBATIONER:

I understand that if I fail to return to the state of Oklahoma on or before the above-specified expiration date, I will be in violation of my rules and conditions, and subject to revocation.

\_\_\_\_\_  
Parolee/Probationer Signature

ISSUING OFFICER \_\_\_\_\_

Name Address City Phone

This is to certify that the above listed offender has reported as directed above:

DATE \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

RECEIVING OFFICER'S SIGNATURE \_\_\_\_\_

RECEIVING OFFICER'S REMARKS \_\_\_\_\_

Permit returned: \_\_\_\_\_

UPON RETURN TO THE STATE OF OKLAHOMA, MAIL THIS PERMIT BACK TO THE ISSUING OFFICER.

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**PURGE UPON DISCHARGE**