



**PARDON AND PAROLE BOARD
WAIVER OF PAROLE**

Name: _____ DOC Number: _____

Docket Type: _____ Date: _____
(Month/Year)

Facility: _____

Projected Release Date: _____

**Read the following before signing the Waiver Form.
By signing this waiver, you understand and agree to the following:**

I am requesting to waive this parole consideration for the above docket. I understand that I cannot withdraw the waiver once I have signed it. Initials of Inmate

It has been explained that the date below is my next parole consideration date.

Next Parole Docket Date/Reason: _____

Inmate Name (Printed): _____

Inmate Signature: _____ Date Signed: _____

Witness Name (Printed): _____ Date Signed: _____

Witness Signature: _____ Title: _____

Investigator Name (Printed): _____

Investigator Signature: _____ Date Signed: _____

Copies To:

____ Offender

____ Facility

PPB Form 004-4-6A

Revised December 2018