

AUTHORIZATION FOR VISITATION/CORRESPONDENCE FORM

(Letterhead)

DATE: _____

TO: _____
Facility/Unit Head

Facility/Unit Name

Facility/Unit Address

Facility/Unit City/State/Zip

FROM:

RE: **REQUEST FOR VISITATION/CORRESPONDENCE**

Inmate, _____, ODOC # _____, has requested permission to visit/correspond with:

Name/ODOC#

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 the inmate. Should you deny this request, please provide your comments for denial.

() Approved () Denied

Facility/Unit/Division Head or Designee

COMMENTS: _____

Supervising Officer: _____

Name/Title

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(R 09/22)