



## OKLAHOMA DEPARTMENT OF CORRECTIONS CERTIFICATE OF RELEASE

THIS IS TO VERIFY THAT \_\_\_\_\_, ODOC # \_\_\_\_\_

WAS RELEASED FROM CONFINEMENT AT \_\_\_\_\_

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, AS A RESULT OF:

\_\_\_\_ DISCHARGE, SENTENCE COMPLETED      \_\_\_\_ PAROLE  
\_\_\_\_ DISCHARGE, COMMUTATION      \_\_\_\_ DISCHARGE WITH PROBATION  
\_\_\_\_ DISCHARGE, COURT ORDERED      \_\_\_\_ APPEAL BOND/REVERSED AND REMANDED  
\_\_\_\_ DISCHARGE TO POST-IMPRISONMENT SUPERVISION      \_\_\_\_ DEATH

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 24 hours (excluding holidays/weekends) to: \_\_\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Facility Head/ Administrator/Designee

\_\_\_\_\_  
Witness

I HEREBY ACKNOWLEDGE RECEIPT:

\_\_\_\_\_  
Inmate's Name and ODOC #

Inmate's Forwarding Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip