

**REQUEST for REVIEW of
INDIVIDUAL DEPARTMENT of CORRECTIONS RECORD**

Name _____ ODOC # _____

Address _____

Telephone _____

List all documents which are requested for review

Titled	Dated	Copy Requested	Copy Provided

Signature

Date

As indicated above, I have reviewed portions of my Oklahoma Department of Corrections record and have reviewed copies.

Signature

Date

DOC 060212D
(R 11/21)