

**OKLAHOMA DEPARTMENT OF CORRECTIONS
VOLUNTEER ACTIVITY SPECIAL GUEST REQUEST FORM**

SPECIAL GUEST INFORMATION:

(Must be legible, complete, and reflect the information listed on the driver's license)

LAST NAME	FIRST NAME	MIDDLE NAME	ALIAS (ES)			
ADDRESS	CITY	STATE	ZIP CODE			
DOB	GENDER	RACE	EYE COLOR	HAIR	HEIGHT	WEIGHT
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DL STATE				

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Oklahoma Department of Corrections with any and all information they may request concerning my work record, educational history, military record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility to participate in a volunteer activity with the Oklahoma Department of Corrections.

I hereby release you and your organization from any liability of damage that would result from furnishing the information requested above.

SIGNATURE OF SPECIAL GUEST	DATE
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To be completed by the facility chaplain/volunteer coordinator

FACILITY: _____ DISCIPTION OF EVENT: _____

DATE SUBMITTED: _____ DATE OF EVENT: _____ DATE RECORD NEEDED: _____

CHAPLAIN/VOLUNTEER COORDINATOR SUBMITTING REQUEST: _____

I certify that the information applied for is necessary in the interest of the due administration of the laws and not for the purpose of assisting a private citizen or for personal use.

Date: _____	Agency Volunteer Services Coordinator/Administrator
ORI Nº: _____	

(R 08/21)