

## TRAVEL PERMIT

TO WHOM IT	MAY CONCERN	:			
NAME:	INST. NO:	CASE NO:	RACE/SEX:	DOB:	
DESTINATION	:				
Address:	City:	State:			
PERSON TO BE	E VISITED:	Rela	ationship:		
DEPARTURE D	ATE:	EXPIRATION D	ATE:		
MEANS OF TRA	ANSPORTATIO	N: (Vehicle: in	clude Make, Mod	del, Tag # Flight: include Airlines, Flight #)	
COMPANIONS	i:				
SPECIAL INSTR	RUCTIONS TO I	PAROLEE OR PROE	BATIONER:		
I understand th	nat if I fail to ret	urn to the state of	Oklahoma on or be	efore the above-specified expiration date, I will be in violation of my rules and conditions, and subject to revocation.	
FFENDER					
ISSUING OFFIC	CER:				
Address:		City:	Phone:		
This is to certify	y that the abov	e listed offender ha	as reported as direc	cted above:	
DATE:	TIME:		LOCATION:	:	
FFICER					
RECEIVING OFF	ICER REMARKS	i:			
	U B				
	~ 0				
Doumit vot	a.d.				
Permit return	eu.				

UPON RETURN TO THE STATE OF OKLAHOMA, MAIL THIS PERMIT BACK TO THE ISSUING OFFICER

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