Date ____/___/________  Estimated Cost $____________

Name: ___________________________________________  AO# ______________________

Release Date ___/___/20____

Housing Unit _______  Cell _______

1) Has the inmate maintained inmate status at a secure facility for 12 consecutive months?
   ☐ YES  ☐ NO
2) Has the inmate transferred more than $500 out of their inmate account in the last 12 months?
   ☐ YES  ☐ NO
3) Has the inmate maintained a minimum of 6 months clear conduct?
   ☐ YES  ☐ NO
   If no, does the inmate request a review by the administrator, or designee?  ☐ YES  ☐ NO

Inmate Signature________________________________________________

Type of Release:

☐ - 10 Day Furlough  ☐ - Parole
☐ - Intensive Supervision (ISP)  ☐ - Discharge
☐ - Supervised Release (Probation)  ☐ - Other ______________

____________________________________________________________________________________

Destination Confirmed by Case Manager/IPPO on: _______________  Staff Name: ______________________

Funding Allowable per Policy:_______________

Transportation Expenses:_______________  Transportation Company:______________________

____________________________________________________________________________________

Approved:____  Denied:____

Reason if Denied:

____________________________________________________________________________________

Associate Warden/Administrator: ___________________________  Date:________________