

**GDC
Offender Reference Library
Sign-In Sheet**

Date _____

Please Print

	NAME	ID NUMBER	TIME IN	TIME OUT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

RETENTION SCHEDULE: Upon completion, this form shall be retained locally for three (3) years and then destroyed.