

REPLACEMENT I.D. REQUEST FORM

Date: \_\_\_\_\_

Offender Name: \_\_\_\_\_ Offender I.D.#: \_\_\_\_\_

Offender Location (Bldg./Dorm/Room#): \_\_\_\_\_

I, \_\_\_\_\_, located at \_\_\_\_\_ S.P. request a  
replacement I.D. card for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

I agree to have five (\$5.00) dollars deducted from my Consolidated Banking Unit account for the reissuance of my Offender ID card. I further agree that if I am indigent, or have insufficient funds to cover this cost, that my account will be debited and any monies received will be deducted until the five (\$5.00) dollars is recovered, in full, by the facility.

Offender Signature and State I.D. #:

Request Approved: \_\_\_\_\_ Request Disapproved: \_\_\_\_\_

Warden/Superintendent or Designee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After careful review of this request I have determined that the Replacement fee of five (\$5.00) will be waived for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Warden/Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

RETENTION SCHEDULE: Upon completion, this form shall be forwarded to the business office and kept there for three years beyond the date of an internal audit, then destroyed.