
Facility Name

Address

City, State, Zip

REQUEST/AUTHORIZATION TO RECEIVE BOOKS, MAGAZINES, and NEWSPAPERS

NAME : _____ **GDC#** _____ **FACILITY :** _____ **DORM :** _____

Permission is being requested for the above-named offender to receive the following item(s): I certify that the item(s) checked are for my personal use only and that I will not hold the facility responsible for loss, theft, or damage of said item(s). I also understand that authorization to order does not oblige the facility to allow the item (s) if it fits the criteria for rejection per SOP 227.06, Offender Receipt of Mail.

OFFENDERS'S SIGNATURE : _____

QTY REQ	DESCRIPTION	QTY APP	QTY REC	QTY REQ	DESCRIPTION	QTY APP	QTY REC

TO SENDER : The item(s) listed above are the only item(s) that may be sent directly from the Publisher. Any item(s) other than those approved above shall be returned at the expense of the offender within thirty (30) days or be destroyed.

SENDER'S NAME or COMPANY'S NAME : _____ ADDRESS : _____ CITY : _____ STATE : _____ ZIP : _____
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The above item(s) are approved as indicated. This approved form must be maintained until the item(s) are received. Once the item(s) are received they will still be reviewed for appropriate content. The item(s) must be received within thirty (30) days of the date approved or they will be returned to sender.

DATE : _____ **APPROVED :** _____ **DISAPPROVED :** _____ **BY :** _____

DATE RECEIVED : _____ **OFFENDER'S SIGNATURE :** _____ **Warden or Designee**

DISTRIBUTION: (APPROVED) Original to offender's institutional file/Copy to Mail Room or Property
(DISAPPROVED) Original to offender's institutional file/Copy to offender

RETENTION SCHEDULE: Upon completion of this form, it shall be placed in the offender's institutional file.