

# Special Religious Request

Attachment 1  
SOP 106.11  
11/06/17

\_\_\_\_\_  
**Facility**

**Nature of Request:**

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Religious Paraphernalia | <input type="checkbox"/> Personal Grooming    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diet                    | <input type="checkbox"/> Religious Medallions |                                |
| <input type="checkbox"/> Literature              | <input type="checkbox"/> Religious Headwear   |                                |

Offender Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason and Justification for exception to normal allowances:** Must include length of commitment or involvement in faith. Must include the religious scripture or reference this request is based upon. **(Any offender proven to be abusing the rights obtained through this request shall be subject to disciplinary action and rights will be terminated. Do not complete this form to request regular items already approved for possession such as religious medallions.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Facility Chaplain (Signature/Date) Approved/Disapproved (Circle one)

\_\_\_\_\_  
Warden/ Superintendent (Signature/Date) Approved/Disapproved (Circle one)

\_\_\_\_\_  
Regional Manager's (Signature/Date) Approved/Disapproved (Circle one)

\_\_\_\_\_  
Facility Operations Director/Designee (Signature/Date) Approved/Disapproved (Circle one)

\_\_\_\_\_  
Director of Chaplaincy Services (Signature/Date) Approved/Disapproved (Circle one)

\_\_\_\_\_  
General Counsel/Designee (Signature/Date) Approved/Disapproved (Circle one)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Retention Schedule: Upon completion, this attachment shall be maintained in the offender's institutional file and maintained according to the retention schedule for state government records.**

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**RECEIPT FOR SPECIAL REQUEST FORM AT COUNSELOR'S LEVEL:**

OFFENDER'S NAME \_\_\_\_\_ GDC I.D. #: \_\_\_\_\_

I ACKNOWLEDGE RECEIPT OF THE SPECIAL REQUEST FORM FROM THE ABOVE OFFENDER.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ COUNSELOR'S SIGNATURE \_\_\_\_\_