

Request to Designate/Change Religious Preference Form

_____ Facility

Offender Name: _____ ID#: _____ Date: _____

Nature of Request:

Designate Religious Preference

Designated Religious Preference: _____

Change Religious Preference

Prior Designated Religious Preference: _____

Requested Change to Religious Preference: _____

Offender's Signature

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

Counselor (if Chaplain Unavailable) (Signature/Date) Approved/Disapproved (Circle one)

Comments:

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

.....

RECEIPT FOR REQUEST TO DESIGNATE/CHANGE RELIGIOUS PREFERENCE REQUEST:

OFFENDER'S NAME _____ GDC I.D. #: _____

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

DATE: ____/____/____ CHAPLAIN/COUNSELOR'S SIGNATURE _____