

**JPAY RELEASE CARD RECEIPT CONFIRMATION FORM**

Scheduled Release Date: \_\_\_\_\_

RELEASING FACILITY \_\_\_\_\_

OFFENDER GDC ID \_\_\_\_\_

OFFENDER LAST NAME \_\_\_\_\_

OFFENDER FIRST NAME \_\_\_\_\_

J PAY CARD R P I D# \_\_\_\_\_

OFFENDER'S MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

DATE DEBIT CARD WAS ACTIVATED \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF BUSINESS OFFICE STAFF THAT PROCESSED THE DEBIT CARD

\_\_\_\_\_  
SIGNATURE OF BUSINESS OFFICE STAFF THAT PROCESSED THE DEBIT CARD

\_\_\_\_\_  
DATE PROCESSED

\_\_\_\_\_  
SIGNATURE OF OFFENDER

I acknowledge that I received my Debit Release Card, and the address provided above is correct

\_\_\_\_\_  
DATE

OFFENDER SHOULD CALL NUMBER ENCLOSED TO ASSIGN DEBIT CARD PIN NUMBER\*\*\*

\_\_\_\_\_  
PRINTED NAME OF RELEASING OFFICER

\_\_\_\_\_  
SIGNATURE OF RELEASING OFFICER