

**AUTHORIZATION FOR VISITATION/CORRESPONDENCE FORM**

(Letterhead)

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Facility/Unit Head

\_\_\_\_\_  
Facility/Unit Name

\_\_\_\_\_  
Facility/Unit Address

\_\_\_\_\_  
Facility/Unit City/State/Zip

FROM:

RE: **REQUEST FOR VISITATION/CORRESPONDENCE**

Inmate, \_\_\_\_\_, ODOC # \_\_\_\_\_, has requested permission to visit/correspond with:

\_\_\_\_\_  
Name/ODOC# Stated Relationship

Our records ( ) do ( ) do not verify this relationship; therefore, I ( ) do ( ) do not support this request.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Please indicate your decision in the space below and return this form to: \_\_\_\_\_

\_\_\_\_\_ at your earliest convenience. If you approve this request, please advise your staff and the inmate. Should you deny this request, please provide your comments for denial.

( ) Approved ( ) Denied

\_\_\_\_\_  
Facility/Unit/Division Head or Designee

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Supervising Officer: \_\_\_\_\_  
Name/Title