



STATE OF OKLAHOMA

OKLAHOMA DEPARTMENT OF CORRECTIONS

TRAVEL PERMIT

Name: _____ Race/Gender: _____ DOB: _____

Destination: _____
Address _____ City _____ State _____

Person to be visited: _____
Name _____ Relationship _____ Phone # _____

Date of Departure: _____ Date of Return: _____

Means of Transportation: _____
Vehicle: Make, Model Tag # or Flight: Airlines, Flight #

Companions: _____

Special Instructions:

This is to certify that the above listed offender has reported as directed above (if applicable)

Location _____ Date/Time _____ Phone # _____

Name _____ Signature _____

Remarks: _____

I understand that if I fail to return to the state of Oklahoma on or before the above-specified expiration date, I will be in violation of my rules and conditions, and subject to revocation.

Issuing officer

Name _____ Signature _____ Phone # _____

Return to officer upon return