

**DEPARTMENT OF CORRECTIONS
VISITING INFORMATION FORM**

The inmate below has requested to add your name to his/her approved visiting list. Please complete this form and return it to the address below. Please be reminded that falsification of any of the information may result in denial of visiting privileges.

Inmate Information:

Name _____ Number _____

Institution _____

Inmate Signature _____ Date _____

Visitor Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Date of Birth _____

Social Security No. _____ Sex: M _____ F _____ Race _____

Relationship to inmate _____

Are you an:		If yes, date of release
Ex-offender	Yes/No	_____
Parolee or Probationer	Yes/No	_____
Former Dept. of Corrections Employee	Yes/No	_____

Visitor Signature _____ Date _____

Return to: _____

Or phone this information to: _____

To be filled in by CTO

On PSI _____ Not On PSI _____

Comments: _____

CTO Signature _____ Date _____