| | | Addres | S | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|------------|------------------------------|------------------|-------------|------------|
| | City | y, State | , Zip | | | | |
| REQUEST/AU | THORIZATION TO REC | CEIVE | BOOKS | S, MAGAZINES, and NEV | WSPAPERS | | |
| NAME : | GDC# | GDC# | | FACILITY: | DOR | DORM: | |
| Permission is being request checked are for my personal I also understand that author per SOP 227.06, Offender R | use only and that I will not rization to order does not ob | hold the | e facility | responsible for loss, theft, | or damage of sa | id item | (s). |
| OFFENDERS'S SIGNAT | URE: | | | | | | |
| QTY DESCI | RIPTION QTY APP | QTY REC | QTY REQ | DESCRIPTION | | QTY APP | QTY REC |
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| iter | e item(s) listed above are the n(s) other than those appropriate (30) days or be destroyed | ved ab | | • | | | - |
| SENDER'S NAME or CO | OMPANY'S NAME: | | | | | | |
| ADDRESS: | | _CITY | : | STATE: | ZIP: | | _ |
| The above item(s) are appro item(s) are received they wi of the date approved or they | Il still be reviewed for approwill be returned to sender. | opriate | content. | The item(s) must be receiv | ed within thirty | (30) da | ays |
| DATE RECEIVED: | OFFEND | ER'S | SIGNAT | Warde | en or Designee | e | |
| DISTRIBUTION: (APPR (DISAPPROVED) Origin | | | | | ail Room or | Prope | erty |

Facility Name