ACTIVITY (PASS) AUTHORIZATION FORM

NAME:		GDC#:	
Room & Bed #:	Today's Date:	Date of Pass:	
Location & Address:			
Phone Number at des	tination:		
Departure Time:		Return Time:	
Transportation:			
Purpose:			
() Approved () Disapproved		
Counselor			Date
() Approved () Disapproved		
Security			Date
() Approved () Disapproved		
Chief of Security		<u> </u>	Date
() Approved () Disapproved		
Asst Superintendent/	Superintendent		Date.

Retention Schedule: Upon completion, this form shall be placed in the resident's institutional file and maintained according to the official retention schedule for that file.