

ACTIVITY (PASS) AUTHORIZATION FORM

NAME: _____ GDC#: _____

Room & Bed #: _____ Today's Date: _____ Date of Pass: _____

Location & Address: _____

Phone Number at destination: _____

Departure Time: _____ Return Time: _____

Transportation: _____

Purpose: _____

() Approved () Disapproved

Counselor

Date

() Approved () Disapproved

Security

Date

() Approved () Disapproved

Chief of Security

Date

() Approved () Disapproved

Asst. Superintendent/ Superintendent

Date