# GOAL Device Disposition Form

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|---|---|
| Property Manager | |
| Disposition Date | |
| Offender Name | |
| GDC Number | |
| Tablet Serial Number | |

____I would like to retain my GOAL device and have it sent to my home

**ATTENTION**

**STREET ADDRESS**

**CITY, STATE & ZIP CODE**

____I affirm I do not wish to keep my GOAL device

Offender's Signature

Property Manager's Signature

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