RESIDENT REQUEST FOR AUTHORIZATION TO MAINTAIN A CELLULAR PHONE

I am requesting	that I be allowed	ed to posses	ss a cellular phone.	
RESIDENT'S	NAME:			
GDC NUMBE	R:			
SIGNATURE:				
CHIEF OF SE	CURITY APP	ROVAL:		
The above requ	est has been AI	PPROVED	/ DENIED	
Chief of Security's Signature				Date
Comments:				
				_
SUPERINTEN	NDENT APPR			
The above requ	est has been AI	PPROVED	/ DENIED	
Superintendent's Signature				Date
Comments:				
Sex Offender _	Yes	No	Records check comple	eted(Initial)
		FO	R OIT STAFF USE ONLY	
CELL PHONE MODEL:				
CELL PHONE SER NO:				
CELL PHONE NUMBER:				
	NAME ON AC	COUNT:		
	SERVICE PRO	VIDER:		

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