

# OFFENDER/INMATE RECORDS REQUEST APPEAL FORM

*If you wish to appeal a denial of a request you have made for your records, you must fill out and file this appeal form within seven (7) business days of receiving the denial. Failure on your part to file an appeal within seven (7) business days may result in your appeal being denied solely on the basis that it was not filed in a timely manner.*

Inmate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility: \_\_\_\_\_

Date Denial Received: \_\_\_\_\_ Date of Appeal: \_\_\_\_\_

Reason(s) for your appeal:

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*(Attach additional sheets if needed.)*

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\_\_\_\_\_  
*Inmate Signature*

\_\_\_\_\_  
*Date*

CSS/PPO who received this appeal:

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date & Time*

*Forward to: Central Office's Records Officer*