

Offender/Inmate Records Request Form

Offender Name: _____ Date of Birth: _____

Supervising Office/Facility: _____

Supervising Caseworker or Probation and Parole Officer: _____

Name of Record Requested:

Date(s) of Record:

Records Requested must be dated within the last 12 months

Complete When Request is Submitted

Inmate/Offender Signature:

_____ Date: _____

CSS/PPO Signature*:

_____ Date: _____

*Timeline for responding to the request begins on the date the CSS/PPO has signed

Dated: 8.18.19