

SECURITY THREAT GROUP MEMBER RENUNCIATION FORM

I, _____, at _____ Correctional Facility
(Inmate - Print Name & DOB) *(Name of Facility)*

certify that I have disassociated from the _____ group.

BE ADVISED, IF YOU RESUME ACTIVITIES RELATED TO A SECURITY THREAT GROUP AFTER YOUR CLAIM OF RENUNCIATION IS ACCEPTED, YOU MAY BE REDESIGNATED AS AN AFFILIATE OF A SECURITY THREAT GROUP BY THE DEPARTMENT OF CORRECTIONS.

Inmate Signature: _____ Date: _____