



SPECIAL VISIT REQUEST

Name _____ DOC number _____ Living unit _____ Date _____

Date and time of requested visit(s):	DATE	START TIME	END TIME

Intended visitor(s):

NAME	AGE	EMAIL	HOME ADDRESS (complete)

Reason for visit: _____

Requester's signature: _____

DO NOT WRITE BELOW THIS LINE

File materials, documents, and/or contacts verify accuracy of the above.

Visit Sergeant Signature Date

NCIC/WACIC/JABS Clear? Yes No

Employee who conducted background check Signature Date

Approved Denied

Approver signature Date

Comments: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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