



ACKNOWLEDGEMENT OF RECEIPT OF IDENTIFICATION/SOCIAL SECURITY CARD

I, _____, DOC number _____, affirm that I have received the Washington State identification card and/or social security card held on file for me.

Further, I agree that the Department of Corrections is not responsible for its loss or replacement.

Name Signature Date

Witness Signature Date

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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