**MANDATORY SAVINGS ACCOUNT ACCESS**

           

Name DOC number Facility

I am requesting that $      be released from my mandatory savings account to:

     

Name Relationship

The purpose of this request is:

Signature Date

|  |
| --- |
| **CASE MANAGER COMPLETES** |

As of       the mandatory savings account balance is $      .

Date

Current assignment:       Current rate of pay:

Custody level:       Earned Release Date:

Next classification review date:

Current Legal Financial Obligations?  Yes  No

Restitution involved?  Yes  No

|  |
| --- |
| **DECISION** |

Approved  Denied

Comments:

Superintendent/RCM/designee 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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