EDUCATION SUBACCOUNT WITHDRAWAL REQUEST

Name: ______________________________  DOC number: __________________

I am requesting the following amount be withdrawn from my education subaccount: $ ____________

Make the check payable to:

__________________________________________________________

Self-addressed envelope included (required if funds are sent outside the facility):  ☐ Yes  ☐ No

Funds will be used for (check all that apply):

☐ Tuition/Fees  ☐ Books  ☐ Supplies

☐ Other - Explanation required:

________________________________________________________________________

I certify that I am enrolled in an approved education or vocational program, or a post-secondary education degree program, and that I have sufficient funds available in my education subaccount to cover this request.

Signature ___________________________ Date ______________

DECISION

☐ Approved  ☐ Denied

Correctional Program Manager ___________________________ Signature ___________________________ Date ______________

☐ Approved  ☐ Denied

Superintendent/designee ___________________________ Signature ___________________________ Date ______________

BUSINESS OFFICE

☐ Funds available  Amount:  $ ____________

☐ No funds available

Business Office employee ___________________________ Signature ___________________________ Date ______________

Distribution:  WHITE - Business Office  CANARY - Incarcerated individual

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. Upon completion, the data classification category may change.