



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I am requesting the following amount be withdrawn from my education subaccount: \$ _____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

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.

Distribution: **WHITE** - Business Office **CANARY** - Incarcerated individual