**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.**

Distribution: **ORIGINAL** - Imaging file