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/CCS/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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