

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I am requesting the following amount be withdrawn from my education subaccount: $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