



CORRESPONDENCE STUDY REQUEST

Name: _____ DOC number: _____
Last, First, MI

Facility: _____ Custody level: _____ ERD: _____ NRD: _____

EDUCATION HISTORY

High school diploma Yes No Name of school: _____

GED Yes No Location tested: _____

Goal: _____

How is the educational/vocational goal related to your release plan?

CORRESPONDENCE PROGRAM INFORMATION

Program title: _____

Program type: Certificate Associate degree Bachelor's degree Graduate degree

Name of college or university: _____

Street address: _____

City: _____ State: _____ Zip code: _____

PROGRAM PAYMENT PLAN

How will payment be made?

- From my facility account
- By family member or approved third-party paying college directly
- By family member or approved third-party putting money into my education subaccount (no deductions)

The Department is not responsible for the cost of this program in the event I am transferred to another facility or placed in a unit where correspondence programs are not allowed. I authorize the Department to withdraw funds from my account to pay for the cost of tuition, books, and supplies.

Signature

Date

Student name: _____
Last, First, MI

CASE MANAGER PRE-APPROVAL

Verified high school diploma or GED (OMNI programs) Yes No
Correspondence program relates to the release plan Yes No
Program will fit into the individual's time structure Yes No
The proposed correspondence program is not a security threat Yes No
Proposed correspondence education provider is accredited Yes No

Case manager Signature Date

EDUCATION EMPLOYEE/CONTRACT STAFF PRE-APPROVAL

Education employee/contract staff interview – Student goal:

Facility resources that will be needed to support the correspondence education program:

	Needed		Education Dept. able to provide	
Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DVD player	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Test proctoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Approved Denied Reason: _____

Name Signature Date

CASE MANAGER FINAL APPROVAL

DOC 20-309 Correspondence Education College Provider/Student Agreement received. Yes No
Facility resources are sufficient to support the education program. Yes No
All textbooks and other required educational materials are approved. Yes No
Individual has sufficient funding to cover all educational expenses. Yes No

Payment will be deducted from:

Facility account
 Education subaccount
 Family or approved third-party paying provider directly

Approved Denied Reason: _____

Case manager 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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