Department of Corrections
WASHINGTON STATE

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	DOB	RELATIONSHIP	HOME ADDRESS (complete)

Reason for visit:

_____

_____

Requestor'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/DISCIS Clear? ☐ Yes ☐ No

Employee signature who conducted background check _____ Date _____

☐ Approved ☐ Denied

Approver signature _____ Date _____

Comments:

_____

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Upon completion, the data classification category may change.

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