**ACKNOWLEDGEMENT OF RECEIPT**

**OF IDENTIFICATION/SOCIAL SECURITY CARD**

I,       DOC number       , acknowledge that I have received my:

[ ]  Washington State identification card [ ]  Social Security card [ ]  Birth Certificate held on file for me.

Further, I agree that the Department of Corrections is not responsible for its loss or replacement.

Name Signature Date

Witness 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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