

Name and Address of Person Sending Package		EXPIRATION DATE <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> This Authorization Is Not Valid After The Date Shown.
Name		
Address		Enter Inmate Name, Register No., and Institution Address Here:
City	State Zip Code	

THE NAMED INMATE IS AUTHORIZED TO RECEIVE (specify below):

You are authorized to send the following personal property. **PLEASE NOTE:** Including unauthorized materials in the package will result in the entire package being returned undelivered.

QUANTITY	ITEM AND DESCRIPTION (INCLUDED STATED VALUE)	DISPOSITION

SPECIAL INSTRUCTIONS: The inmate will mail copy #3 and copy #4 to addressee. The addressee may retain copy #3 but must include the copy #4 in the package. The material must also be received prior to the Expiration Date shown above.

DISPOSITION: **S** = Storage; **D** = Donated; **K** = Keep in Possession; **M** = Mail; **C** = Contraband

ENTER SIGNATURE, TITLE AND DATE OF APPROVING OFFICIAL - APPROVING OFFICIAL ALSO ENTERS EXPIRATION DATE, above.

_____ (Signature and Title) _____ (Date Approved)

INSPECTION AND RECEIPT

Completed by Inspecting Staff

Status/Condition of Property Received:

Inspected and cleared for issue: _____ (Staff Signature) _____ (Date)

_____ (Inmate Signature Upon Receipt) _____ (Date)

The Original, Copy 1 and Copy 2 remain together until fully completed. Copy 3 and Copy 4 are forwarded to addressee by inmate. Original- Central File; Copy 1- R&D Property File; Copy 2- Inmate; Copy 3- Addressee to keep; Copy 4- Addressee place in package