

In accordance with authority provided in Title 18, U.S. Code, Section 3621, and the authority delegated to me by the Director of the Bureau of Prisons, I hereby order transfer of:

| | |
|----------------|--------------|
| Name of Inmate | Register No. |
|----------------|--------------|

From (Name of Institution and Location)

To (Name of Institution and Location)

| | |
|---------------------|---------------|
| Reason for Transfer | Transfer Code |
|---------------------|---------------|

| | |
|---------------|------------------------|
| Parole Status | Custody Classification |
|---------------|------------------------|

| | |
|---------------|---|
| Health Status | Central Inmate Monitoring Case ____ No ____ Yes-CIMC Assignment _____ |
|---------------|---|

| | | |
|-------------------------------------|---------------------------------|------|
| Signature of Transferring Authority | Title of Transferring Authority | Date |
|-------------------------------------|---------------------------------|------|

RETURN OF SERVICE - Pursuant hereto, I have this _____ day of _____, 20____, executed the above order and committed the inmate to the institution indicated.

| | |
|-----------|------|
| Signature | Name |
|-----------|------|

| | |
|-------|--------|
| Title | Agency |
|-------|--------|

For transfer to CTC's, complete the following:

| | |
|------------------------|-----------------|
| Projected release date | Type of release |
|------------------------|-----------------|

| | |
|---|------------------------------------|
| Scheduled date and time of departure and transportation information | Scheduled date and time of arrival |
|---|------------------------------------|