PRISONER RELEASE NOTIFICATION

	DATE:		
To: CHIEF STATE LAW ENFORCEMENT	Т	OFFICIAL'S ADDRESS	
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CUIDE LOCAL LAW EMPORORMENT		OFFICIAL'S ADDRESS	
CHIEF LOCAL LAW ENFORCEMENT		OFFICIAL S ADDRESS	
STATE SEX OFFENDER REGISTRA	ATION	OFFICIAL'S ADDRESS	
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UNITED STATES PROBATION O	FFICER	USPO'S ADDRESS	
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(Check all that apply)			
Pursuant to 18 U.S.C. § 4042, the Federal Bureau of Prisons is notifying your office of the release of an offender who, based upon available information, was convicted of a federal drug trafficking crime, or a crime of violence. Notification is also required if an offender has a documented history or conviction of a sex offense.			
Note: Sex offender individuals are subject to registration as a sex offender under federal law.			
Notification is being provided for the following: (Check all that apply).			
Sex Offense Federal Drug Trafficking Offense Violent Crime Offense			
1) Offender's Name	4) Offende	er's Projected Address:	
2) Register Number			
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3) Final Release Date			
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Offense and Date of Conviction		Detailed Description		
6) Release Conditions or Restrictions other than the Standard Conditions of Supervision:				
For additional information, please contact the Warden or Community Corrections Manager (CCM) identified below.				
Name of Warden or Community Corrections Manager (CCM) (Typed)		Signature of Warden or CCM		
Address and Telephone Number				
		ncy with jurisdictional authority consistent with		
the releasee's address, please forward	these doc	uments to the appropriate authority.		

5) Current and/or prior criminal history of offense(s):