

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
_____ CORRECTIONAL FACILITY
SECURITY CARD - FAMILY REUNION PROGRAM

NAME: _____ DIN: _____ FRP UNIT# _____

FROM: _____ TO: _____

| | VISITOR | RELATIONSHIP | AGE |
|---|---------|--------------|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

SPECIAL INSTRUCTIONS: _____

Signature/FRP Coordinator: _____ Date: _____

Security Signature: _____ Date: _____

Times checked in with Officer on (DATE) at (TIME): COMMENTS

| | | | | |
|--------|-----|-----|-----|--|
| DAY 1: | AT: | AT: | AT: | |
| DAY 2: | AT: | AT: | AT: | |
| DAY 3: | AT: | AT: | AT: | |

General Comments: **FOR INMATE:** _____

FOR VISITOR(S): _____

Damages logged per assigned FRP Unit: _____

C.O. Signature: _____ Date: _____

cc: Front Lobby Officer
Watch Commander
Chart Sergeant
Towers

Front Gate
Movement and Control
FRP Officer
IRC

FRP File
Nurse Administrator
Related Security Areas _____