

NEW YORK STATE – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
**REVIEW OF REQUEST TO FORM AN INMATE ORGANIZATION**

Group Name	Facility	Date of Application
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**Facility Review**

Recommendation	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
Reason:		
SIGNATURE	Inmate Organization Coordinator	DATE
Recommendation	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
Reason:		
SIGNATURE	Deputy Superintendent Programs	DATE
Recommendation	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
Reason:		
SIGNATURE	Superintendent	DATE

**Central Office Review**

Recommendation	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
Reason:		
SIGNATURE	Director of Education	DATE
<b>ACTION BY DEPUTY COMMISSIONER PROGRAMS</b>		
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Returned <input type="checkbox"/>		
Comments:		
SIGNATURE	Deputy Commissioner Programs	DATE