FORM #4572D (4/12)

INMATE APPEAL DETERMINATION

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CENTRAL OFFICE MEDIA REVIEW COMMITTEE
Building 2, Harriman State Campus
1220 Washington Avenue
Albany, NY 12226 - 2050

Date:_____

_____
Inmate Name Number Facility

The decision of the _____Facility Media Review Committee denying you the right to receive the publication

_____
(Title) (Author, Date or Volume and Number)

has been affirmed ( ) reversed ( ) by the Central Office Media Review Committee for the following reason:

_____

_____

If the decision was reversed, you should receive the publication with this form. If the decision was upheld, you now have the following options:

☐ 1. Receive the publication with the objectionable portions blotted or cut out. This option is available only if the objectionable portion is eight pages or less, or is a single chapter, article, or section of any length.

☐ 2. Have the publication sent to a person of your choice, not to another inmate or a Department of Corrections and Community Supervision official, at your expense. Send to:

Name:_____

Address:_____

_____

☐ 3. Have the publication destroyed.

If you do not make this choice within 30 days, disposal of the material will be at the discretion of the Superintendent or his or her designee.

Send this form to your Facility Media Review Committee, since all censored publications are returned to this committee.