

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**ACADEMIC EDUCATION POST-SECONDARY
DISTANCE LEARNING PERMISSION FORM/RECORD**

All inmates who wish to take independent correspondence or distance learning courses must complete this form and receive permission from the Education Supervisor, who will keep it on file.

STUDENT INFORMATION

NAME: _____

FACILITY: _____

DIN: _____

High School Diploma? Yes ___ No ___

Supervisor Fill Out:
(Verified) Yes ___ No ___

Where Achieved: _____

Date Achieved: _____

Equivalency Diploma? Yes ___ No ___

(Verified) Yes ___ No ___

Where Achieved: _____

Date Achieved: _____

COURSEWORK INFORMATION

Prior Post-Secondary Programs: _____

Program Title Inmate Is Enrolling In: _____

Name of School/Institution: _____
(Must be accredited)

Education Goals/Objectives: _____

I have met with the Education Supervisor and discussed the various college programs available. I am aware that the Education Supervisor is only providing general information to me and in no way is acting in the capacity of a college advisor. All advising relative to courses and degrees is the responsibility of the representative from the specific college or program.

Inmate Signature

Education Supervisor Signature

Date: _____

Date: _____