

AUTHORIZATION FOR DISPOSAL OF PERSONAL PROPERTY

Inmate complete section 1, sections 2, 3, and 4 as applicable and sign at 5. _____ Correctional Facility

1. Inmate Name _____	DIN _____	Location _____
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2. I hereby (authorize disposal) (request review) of item (s) not permitted/surplus personal property in the following manner:

Quantity	Article/Bag	Reason not permitted	Circle choice
_____ - _____	_____	_____	A – B – C - D
_____ - _____	_____	_____	A – B – C - D
_____ - _____	_____	_____	A – B – C - D
_____ - _____	_____	_____	A – B – C - D
_____ - _____	_____	_____	A – B – C - D

A* - Ship at my expense to _____
NAME ADDRESS

*If option A is chosen, the inmate must choose a second disposal option in the event that they do not have sufficient available spendable funds for instances of excess personal property disposal (Directive #4913) only.
 Circle your second choice for disposition.

B** -Send out via visitor _____
VISITOR'S NAME ADDRESS

** The item will be held a maximum of 14 days pending arrival of a visitor. Circle your second choice for disposition in case visitor does not come or accept item.

C -Donate to charitable org. _____
NAME ADDRESS

3. I request to transfer my clear-case ___ radio, ___ headphone-radio, ___ tape player, ___ radio/ tape combo per Dir. #4920

To inmate: Name _____ DIN _____ Date _____
 Mfg. _____ Type _____ Ser. # _____

4. Inmate with clear-case televisions must complete BOTH PARTS A&B of this section (See Dir. #4921)

A. If I am transferred to a TV facility I request my TV be shipped to the new facility at my expense Y ___ N ___

B. If "NO" in Part "A" above – OR – if I am not transferred to a TV facility, I request that my TV: (check 1)

_____ Be disposed of as specified in section 2 above OR

_____ Be transferred to inmate: Name _____ DIN _____

Mfg. _____ Ser. # _____

5. _____ DIN _____ DATE _____

(Inmate's signature)

_____ Inmate refused to make a choice after being informed by employee witness.

_____ Title _____ DATE _____

(Witness's signature)

Items (s) reviewed as requested and ___ allowed ___ disallowed Reason _____

(sign) _____ Title _____ Date _____

6. ___ Disposition ordered by DSS, FDS, SUPT ___ Destroy ___ Donate to _____

(sign) _____ Title _____ Date _____

_____ The above articles were disposed of as indicated by: (sign) _____ Date _____

Comments: _____

_____ Radio/tape player transfer is ___ Approved ___ Denied

(sign) _____ Title _____ Date _____

_____ Received by visitor (visitor's signature): _____

_____ Shipped at the inmate's expense as requested on _____