RETURN TO SUPERVISOR _____

SOUTH DAKOTA STATE PENITENTIARY ACCESS APPROVAL FORM

CIRCLE ONE: M2 VOLUNTEER SPECIAL EVENT CLERGY ACCESS

_____ _____

NAME: (LAST) (FIRST) (MI) SOCIAL SECURITY NUMBER

_____ ( )_____

ADDRESS: (Street, P.O. Box) (City) (State) (Zip) PHONE NUMBER

_____ _____

PREVIOUS NAMES USED (IF APPLICABLE) DATE OF BIRTH

DRIVERS' LICENSE #:_____ STATE: _____

STATES WHICH YOU HAVE RESIDED IN:_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____NO

DO YOU KNOW ANY INMATES AT THE SOUTH DAKOTA PRISON FACILITY? _____YES _____NO

IF YOU HAVE ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN BELOW.

_____

_____

Reason for visit: _____Date:_____

My signature on this form authorizes the South Dakota State Penitentiary, or its representative, to obtain and review my criminal background, and any other background information necessary. I certify that the information given is true, correct, and complete to the best of my knowledge and belief.

_____ _____

SIGNATURE OF APPLICANT DATE

_____ _____

SIGNATURE OF SUPERVISOR REQUESTING VISITOR ACCESS DATE

(**NOTE** SUPERVISOR: After the above is completed, forward this form to Special Security)

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Background Check Complete (Attach Printouts) _____ YES _____ NO

_____ _____

SIGNATURE OF PERSON COMPLETING CHECK DATE

(NOTE: After the above is completed forward this form to Personnel.)

_____ _____

SPECIAL SECURITY SIGNATURE DATE

VISITOR APPROVED: _____ YES _____NO

(NOTE: After signing forward this to the Deputy Warden.)

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_____ _____

DEPUTY WARDEN DATE #1572A

Revised 5-30-01