REQUEST for REVIEW of INDIVIDUAL DEPARTMENT of CORRECTIONS RECORD

| Name | ODOC # | | |
|---|-----------------------|-----------------------|-------------------|
| Address | | | |
| Telephone | | | |
| List all documents which are requested | for review | | |
| Titled | Dated | Copy Requested | Copy Provided |
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| | | | |
| | | Signature | |
| | | Date | |
| As indicated above, I have reviewed portion eviewed copies. | ns of my Oklahoma Dep | artment of Correction | s record and have |
| Signature | Date | | |

DOC 060212D (R 11/21)