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

_____
Signature

_____
Date

As indicated above, I have reviewed portions of my Oklahoma Department of Corrections record and have reviewed copies.

_____ _____
Signature Date

DOC 060212D
(R 02/26)