

IOWA DEPARTMENT OF CORRECTIONS
SPECIAL VISIT REQUEST

Date: _____

Offender Name: _____ Number: _____ Unit: _____

I hereby request that the following individual(s) be granted permission to visit me:

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State/Zip _____

State/Zip _____

Relationship _____

Relationship _____

Date of Birth _____

Date of Birth _____

Social Security No _____

Social Security No _____

Date of Requested Visit: _____

Purpose of visit (please be specific): _____

Counselor _____ Date _____

Counselor Comments: _____

- Special 1 time visit (Not on the visit list)
- Special (More than allowed visits per week)
- Extended 1 hour visit (if Visit Room space is available)
- Special visit during work schedule
- Request for more than 5 visitors

By my signature, permission is given the institution to verify any information stated above.

Signature & Date

Approval Signature

Approved

Denied

cc: file

Revised: Feb. 2008. Reviewed: Feb. 2009. Revised: Sept. 2009. Reviewed: July 2010, Jan. 2011, May 2012, Nov. 2013, Oct. 2014.

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