DC-315 List of Acceptable	Forms of Visitor Identification					
One (1) form of identification from "category A" or two (2) forms of identification from "category B" one of which must contain a physical description of the person are required.						
Categ	Jory A					
Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. ID card issued by a federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. School ID, with photograph.	<ol> <li>U.S. Passport</li> <li>Certificate of U.S. Citizenship (INS Form N- 560 or N-561)</li> <li>Certificate of Naturalization (INS Form N-550 or N-570)</li> <li>Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)</li> <li>Temporary Resident Card (INS Form I-688)</li> <li>Any other form of identification that contains a photograph.</li> </ol>					
Categ	ory B					
<ul> <li>Voter's registration card.</li> <li>U.S. Military card or draft record.</li> <li>Vehicle Registration</li> <li>U.S. social security card issued by the Social Security Administration.</li> <li>Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United State bearing an official seal.</li> </ul>	<ol> <li>8. ID Card for use of Resident Citizen in the United States (INS Form I-179)</li> <li>9. School record or report card.</li> <li>10. Clinic, doctor, immunization, or hospital record.</li> <li>11. Day-care or nursery school report.</li> <li>12. Learner's Permit or Temporary Driver's License</li> <li>13. Native American Tribal document</li> <li>14. Any other document that contains information such as name, date of birth, sex, height, eye color, and address.</li> </ol>					
	One (1) form of identification from "categor "category B" one of which must contain requ Categ Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. ID card issued by a federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. School ID, with photograph. Categ Voter's registration card. U.S. Military card or draft record. Vehicle Registration U.S. social security card issued by the Social Security Administration. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United State					

# Note: Any forms of identification presented after the expiration date indicated on the document will not be accepted.

# DC-311A (revised 9/2011)

# Commonwealth of Pennsylvania Department of Corrections

# FACILITY:

### AUTHORIZED VISITORS LIST

Complete Section 1 and submit all copies of the form. After Section 2 has been completed, the copies will be separated and distributed. List the names and ages of the persons you wish to have on your visiting list. Additionally, you will need to indicate if any of the persons listed are: (1) Present or former inmate (County/State/Federal), (2) Currently or previously on probation or parole, (3) Involved in your current or past offense(s), (4) Department of Corrections employee, (5) Former Department of Corrections Employee, or (6) Volunteer of Contract Employee for the Department of Corrections. Place the number (1), (2), (3), (4), (5), or (6), if applicable, in the column on the far right after each visitor's name to indicate these relationships. Members of a family living at the same address may be counted as one name. Your spiritual advisor and attorney may be listed in the space provided. You may make changes to this list at any time using form DC-312A, Supplementary Authorized Visitors. All requests are subject to the approval of the facility, and any existing regulations of the Department of Corrections.

Name         Date of Birth         Gender M/F         Relation         Address         Number of Category (1 through 6 listed above), if applicable           1.         I         I         I         Introduction (1) applicable         Introduction (1) applicable           2.         I         I         Introduction (1) applicable         Introduction (1) applicable           3.         I         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable           4.         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable           4.         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable           5.         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable           10.         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable           11.         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable         Introduction (1) applicable           13.         Introduction (1) applicable         Introduction (1) applicable	1. INMATE'S REQUEST							
2.	Name	Date of Birth	Gender M/F	Relation	Address			Number of Category (1 through 6 listed above), if applicable
3.	1.							
4.	2.							
5.	3.							
6.	4.							
7.	5.							
8.	6.							
9.	7.							
10.       Image: signature:       Image: signature	8.							
11.       Image: Signature:       Image: Signature	9.							
12.       Image: Signature:       Image: Signature								
13.       Image: Signature:       Image: Signature	11.							
14.       Image: Signature:       Image: Signature	12.							
15.       Image: Signature:       Image: Signature	13.							
16.       Image: Signature:       Image: Signature								
17.       Image: Signature:       Image: Signature								
18.       Image: Signature:       Image: Signature	16.							
19.       Image: Signature:       Image: Signature								
20.       Image: Signature:       Image: Signature								
Spiritual Advisor       Image: Spiritual Advisor       Image: Spiritual Advisor         Attorney       Image: Spiritual Advisor       Image: Spiritual Advisor         Reporter/Media       Image: Spiritual Advisor       Image: Spiritual Advisor         Inmate Number:       Inmate's Signature:       Date:       Location:         2. APPROVAL       Image: Spiritual Advisor       All Approved:       Approved Except Line(s):								
Attorney       Imate Signature:       Date:       Location:         Inmate Number:       Inmate's Signature:       Date:       Location:         2. APPROVAL       All Approved:       Approved Except Line(s):								
Reporter/Media       Imate's Signature:       Date:       Location:         Inmate Number:       Inmate's Signature:       Date:       Location:         2. APPROVAL       2. APPROVAL       All Approved:       Approved Except Line(s):								
Inmate Number:       Inmate's Signature:       Date:       Location:         2. APPROVAL       2. APPROVAL         Remarks:       □ All Approved:       □ Approved Except Line(s):								
2. APPROVAL       Remarks:        □ All Approved:       □ Approved Except Line(s):       □								
Remarks:   All Approved:  Approved Except Line(s):	Inmate Number:	Inmate	e's Signatur	e:		Date:	l	_ocation:
	2. APPROVAL							
Approving Signature:     Title:     Date:	Remarks:			All Approve	ed: 🗌 Ap	proved	Exce	ept Line(s):
	Approving Signature:			Title:			Date	9:

WHITE – RECORDS OFFICE (DC-15)

CANARY – VISITING ROOM

PINK - INMATE

DC-ADM 812, Inmate Visiting Privileges Procedures Manual Section 01 – General Procedures Issued: 9/12/2011 Effective: 9/16/2011

Attachment 1-D

# DC-312A (Revised 9/2011)

# SUPPLEMENTARY AUTHORIZED VISITORS

Commonwealth of Pennsylvania **Department of Corrections** 

# FACILITY:

Number:	Name:	Housing Unit:	Date:	Counselor:

Complete Section 1 and submit all copies of the form. After Section 2 has been completed, the copies will be separated and distributed. List the names and ages of the persons you wish to have on your visiting list. Additionally, you will need to indicate if any of the persons listed are: (1) Present or former inmate

(County/State/Federal), (2) Currently or previously on probation or parole, (3) Involved in your current or past offense(s), (4) Department of Corrections employee, (5) Former Department of Corrections Employee, or (6) Volunteer or Contract Employee for the Department of Corrections. Place the number (1), (2), (3), (4), (5), or (6), if applicable, in the column on the far right after each visitor's name to indicate these relationships. Members of a family living at the same address may be counted as one name. Your spiritual advisor and attorney may be listed in the space provided. You may make changes to this list at any time. All requests are subject to the approval of the facility, and any existing regulations of the Department of Corrections.

#### 1. REMOVAL FROM THE LIST OF AUTHORIZED VISITORS

Name	Date of Birth	Gender M/F	Relation	Address

2. ADDITIONS TO THE LIST OF AUTHORIZED VISITORS					
Name	Date of Birth	Gender M/F	Relation	Address	No. of Category (1 through 6 listed above), if applicable

) Name Change Only

() Address Change Only

Inmate Signature

Counselor's Review

Approving Signature

WHITE – RECORDS OFFICE (DC-15)

**CANARY – VISITING ROOM** 

**PINK - INMATE** 

DC-ADM 812, Inmate Visiting Privi	ileges Procedures Manual
Section 01 – General Procedures	-
Issued: 9/12/2011	

Attachment 1-E