

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.

Category A

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| 1. 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. | 4. U.S. Passport |
| 2. 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. | 5. Certificate of U.S. Citizenship (INS Form N-560 or N-561) |
| 3. School ID, with photograph. | 6. Certificate of Naturalization (INS Form N-550 or N-570) |
| | 7. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) |
| | 8. Temporary Resident Card (INS Form I-688) |
| | 9. Any other form of identification that contains a photograph. |

Category B

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| 1. Voter’s registration card. | 8. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 2. U.S. Military card or draft record. | 9. School record or report card. |
| 3. Vehicle Registration | 10. Clinic, doctor, immunization, or hospital record. |
| 4. U.S. social security card issued by the Social Security Administration. | 11. Day-care or nursery school report. |
| 5. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) | 12. Learner’s Permit or Temporary Driver’s License |
| 6. 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. | 13. Native American Tribal document |
| 7. U.S. Citizen ID Card (INS Form I-197) | 14. Any other document that contains information such as name, date of birth, sex, height, eye color, and address. |

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

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.

1. INMATE'S REQUEST

Name	Date of Birth	Gender M/F	Relation	Address	Number of Category (1 through 6 listed above), if applicable
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Spiritual Advisor					
Attorney					
Reporter/Media					

Inmate Number:	Inmate's Signature:	Date:	Location:
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2. APPROVAL

Remarks:	<input type="checkbox"/> All Approved:	<input type="checkbox"/> Approved Except Line(s):
Approving Signature:	Title:	Date:

WHITE – RECORDS OFFICE (DC-15)

CANARY – VISITING ROOM

PINK - INMATE

FACILITY:

Number:	Name:	Housing Unit:	Date:	Counselor:
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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