

Publications Review

Use separate form for each publication

Publication Information

Publication _____
Name Author - if applicable

Offender _____
Name Number Institution

Sender Information

Reason sent for review:

Sent from: _____ By: _____ Date: _____
Institution Name d/m/y

Operations Review

Sheryl Lockwood, Central Office

(or designated representative) _____ Date _____ Initial or Signature _____

Approved _____ Permanently Approved _____

Controlled _____ Standard _____ Page _____

Denied _____ Standard _____ Page _____

Comments: _____

Operations Review

Rebecca Bowker, ISP

(or designated representative) _____ Date _____ Initial or Signature _____

Approved _____ Permanently Approved _____

Controlled _____ Standard _____ Page _____

Denied _____ Standard _____ Page _____

Comments: _____

Central Office Review

Jean Schlichtemeier, Central Office

(or designated representative) _____ Date _____ Initial or Signature _____

Approved _____ Permanently Approved _____

Controlled _____ Standard _____ Page _____

Denied _____ Standard _____ Page _____

Comments: _____

When review is complete, return publication and form to: J. Johnson, ISP

Date Logged: _____

Decision Memo Date: _____

Appeal Information

Offender: _____
Name/Number/Institution Date of Appeal

Decision: _____ Reason: _____

By: _____
Name Date Initial or Signature