

REQUEST FOR VISITING APPROVAL

Full Name: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

To: **MADF Classification Sergeant/NCDF Assistant Facility Manager**

I am a convicted felon and wish to visit Inmate _____

at the MADF NCDF.

My relationship to this inmate is _____.

I am still on Probation or Parole. My Probation/Parole Officer's name is _____
_____. The phone number is _____.

I have successfully completed the terms of my Probation/Parole.

I understand that I am not allowed to visit until you have approved my request
and this letter has been returned to me with the approval indicated.

Signature

Printed Name

Date of Request: _____

Approved Denied for MADF visiting

Approved Denied for NCDF visiting

Request processed by: _____
Classification Sergeant/NCDF Assistant Facility Manager