(A) Inmate Name: ___________________________        Date: ________________

Housing Unit: ___________________________        Offender #: _______________________

Case Manager #: ___________________________        USP #: _______________________

(B) 1. In accordance with the Government Records Access and Management Act, I am requesting a copy of the following record (I understand that only one record or series request per form is permitted for privacy and security)

______________________________________________________________________________________

2. Indicate the Utah Department of Corrections division, facility, or program that created the record requested

______________________________________________________________________________________

3. Indicate the approximate year, month, and day the information requested was entered into record

______________________________________________________________________________________

4. Indicate the reason or need for which you are requesting this information

______________________________________________________________________________________

______________________________________________________________________________________

5. Indicate, with as much detail as possible, the nature of the information contained in the record you are requesting

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

(One record or series per form permitted)
(Five approved requests per year)

(C) LEGAL AUTHORITY TO RECEIVE THE INFORMATION
(evidence must be provided)

1. [  ] I am requesting information which I believe to be Public.

2. [  ] I am the subject of the record being requested.

3. [  ] I am the person who provided the information.

4. [  ] I have a Court Order from a court of competent jurisdiction.
I am requesting copies of records believed by me to be maintained by the Utah Department of Corrections. I hereby request that any copies of records requested by me be provided without charge. This request is based on GRAMA, UCA § 63G-2-203 (4) (c). I declare that my legal rights are directly implicated by the information in the record requested by me and that I am indigent in accordance with the provisions of FDr15, Indigent Status, as of the date of this records request. (Indigent Status will be verified.)

I understand that there may be costs for copying and/or researching the information I am requesting. As I am a current inmate, confined at the Utah State Prison, I understand that unless I have declared indigence, a Money Transfer slip is to be included with this request.

1. I certify that the information provided within this document is true and correct.

______________________________
(Requester’s Signature)  ______________________________
(Case Manager’s Signature)

Dated this ________________ day of _____________________, 20____

All inmate requests must be signed by his/her Case Manager, who is also a notary.

2. I hereby authorize the Utah Department of Corrections to release the above requested record(s) to the person(s) identified below at the address indicated.

_________________________________________________________
(Name)

_________________________________________________________
(Address)

For requests directing records be released to persons other than the inmate, the inmate’s signature needs to be notarized. In the County of ____________________, State of Utah, subscribed and sworn to before me, this ________________ day of _____________________, 20____.

_________________________________________________________
NOTARY PUBLIC
Residing at: __________________________________________
My Commission expires: ________________________________

Notary Stamp

INSTRUCTIONS FOR COMPLETING INMATE REQUESTS:
Obtain form through Case Manager
Complete form (one record or series request permitted per form) Include a Money Transfer slip unless indigent
Send completed form to:
DPO Records
Department
(Revised 12/2018)