



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Voluntary Withdrawal Notification Form

INMATE NAME: _____ **DOC #:** _____

FACILITY: _____ **HOUSING LOCATION** _____

I am a member of the _____ following Faith Group. I hereby formally request to voluntarily withdraw from the _____ Religious Diet Program.
(Kosher/Halal)

My reason (s) for requesting to voluntarily withdraw from the aforesaid Program is as follows:

I have been counseled by the Chaplain and advised of the consequences of my voluntary withdrawal.

Inmate's Signature: _____ Date: _____

Witnessed Name: _____ Signature: _____ Date: _____

Chaplain's Name: _____

Chaplain's Signature: _____ Date: _____