

**MARYLAND DIVISION OF CORRECTION
REQUEST FOR APPROVAL OF A NEW, REVISED OR DELETED FORM**

DIRECTIONS: Please complete this form and send it with a copy of the proposed form.

TO: Agency Forms Management Officer	Date Requested	Date Required	<input type="checkbox"/> NEW FORM <input type="checkbox"/> REVISED FORM <input type="checkbox"/> DELETED FORM
FROM:	TITLE OF FORM:		
UNIT:	FORM NUMBER:	Form number(s) of existing or related form(s)	
TELEPHONE:	FORM TYPE	<input type="checkbox"/> Public Use	<input type="checkbox"/> Intra-Departmental <input type="checkbox"/> Inter-Governmental
LAST REVIEW DATE:			
PURPOSE: (Explain need and intended use. Also indicate number and distribution of parts (if any) and whether spaced for computer, typewriter, or longhand.)			
PRESCRIBING AUTHORITY: (Identify legislation, program, regulation, etc. which generates need for form.)			
FREQUENCY OF USE:		FORM TO BE PRINTED:	
<input type="checkbox"/> One Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		<input type="checkbox"/> Outside Vendor <input type="checkbox"/> Printing and Publication <input type="checkbox"/> Maryland Correctional Enterprises <input type="checkbox"/> Computer Generated <input type="checkbox"/> Photocopier	
FOR USE BY FORMS MANAGEMENT OFFICER ONLY			
Approved _____			
Disapproved _____			
Other Action Taken _____			

Forms Management Officer Signature _____		Date _____	
Typed Name _____			
DGS 550-13 (Rev. 5/95)			