

THE A.A. CORRECTIONS PRE-RELEASE
CONTACT PROGRAM REQUEST FORM

-PLEASE PRINT CLEARLY-

MALE _____ FEMALE _____ AGE _____ DATE _____
NAME _____ ID# _____

CURRENT MAILING ADDRESS

FACILITY _____
STREET _____
CITY _____ STATE _____ ZIP _____

ADDRESS BEING RELEASED TO (HOME ADDRESS)

NAME _____
STREET _____
CITY _____ STATE _____ ZIP _____
PHONE _____

RELEASE DATE _____

PREFER SPANISH SPEAKING? YES _____ NO _____

MAIL COMPLETED FORM TO:

PRE-RELEASE CONTACT PROGRAM
CORRECTIONS AREA 60
54 Chestnut Road
Avella, PA 15312