



# Request for Administrative Review

**Fill out completely and attach all documents you would like considered.**

Request must be received by Visiting Services within 60 days of the date of the visiting application denial letter.

**This form is being completed by:**  *Adult in Custody (AIC)*  *Visitor*

**AIC full name:** \_\_\_\_\_ **Visitor full name:** \_\_\_\_\_

**SID:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Relationship to AIC:** \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

Please identify reason for request, to include all information that you would like considered to determine eligibility.

**An administrative review may be considered in the following circumstances:**

The initial denial decision is determined to have been based on incorrect information, or an error was made in determining the prospective visitor was ineligible for visiting.

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Circumstances impacting eligibility have changed and the updated official records demonstrating the change are provided within the 60-day administrative review period.

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**The decision of the Director's designee shall be final and not subject to further review.**

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 Print Name / Signature / Date

FROM:  
INSTITUTION: \_\_\_\_\_  
AIC NAME: \_\_\_\_\_  
SID #: \_\_\_\_\_  
UNIT BUNK: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TO:  
Visitor Services  
3723 Fairview Industrial Drive SE STE 200  
Salem, OR 97302-4975