|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident’s Name: | {residentName} |  | MDOC No.: | {mdocNo} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility/Housing Unit: | {facilityHousingUnit} |  | Case Manager: | {caseManager} |

**Work Release  Education Release  Public Service Release**

1. Educational History:

1. Prior Employment:

1. Proposed Education/Work/Public Service Placement:

1. If education release, proposed course(s) and location:

1. If education release, proposed financing:

1. Other relevant information:

I agree that the Department’s Director of Victim Services, or designee, may notify my victim(s), if applicable, of the requested community transition program placement.

Resident’s Signature: Date: