

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  
PO BOX 13521  
PITTSBRUGH PA 15243