

*** * * JASPER COUNTY JAIL SCHOOL RELEASE FORM * * ***

08-2017

(MUST BE FILLED IN BY COUNSELOR OR DEPARTMENT HEAD)

INMATE NAME: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ATTORNEY: _____

CHARGE(S): _____

DEPARTMENT HEAD'S NAME: _____

SCHOOL'S TELEPHONE: _____

DATE STUDENT BEGAN CLASSES: _____

CLASS SCHEDULE – CAN BE ON A SEPERATE PAPER IF NEEDED:

NOTE: Students cannot be out over 12 hours including drive time to/from school and they can only go 5 days a week. Please mark your schedule accordingly.

This form must be signed and notarized by the department head or counselor.

Subscribed and sworn to before me a Notary Public in and for the State of Iowa this

_____ day of _____, 20_____.

Department Head

Notary Public

JAIL USE ONLY BELOW THIS LINE

Drug Test: Date taken _____ Jailer who gave this test: _____
 Inmate passed drug test at this time.
 Inmate did not pass drug test at this time. Positive for: _____

Drug Test #2: Date taken _____ Jailer who gave this test: _____
 Inmate passed drug test at this time.
 Inmate did not pass drug test at this time. Positive for: _____

Supervisor who approved work release: _____
Shift leader who approved work release _____
Shift Leader: _____