TEXAS DEPARTMENT OF CRIMINAL JUSTICE
CORRECTIONAL INSTITUTIONS DIVISION
CLASSIFICATION AND RECORDS OFFICE
ADMISSIONS SECTION

STATE JAIL ADMISSIONS REQUEST

County Requesting Admissions: _____

OFFENDER NAME	SID NUMBER	GENDER	DATE OF BIRTH	REQUESTED TRANSPORT DATE

_____ _____
County Official (Signature) County Official (Printed Name)

Please fax this request form to the Admissions Section at (936) 437-8788.
The Admissions Section may be contacted by telephone at (936) 437-6236.