



COOK COUNTY SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS
INMATE PARTICIPANT VERIFICATION REQUEST FORM

REQUESTOR INFORMATION

(Response to request may take 48 hours excluding weekends and holidays)

NAME:	ADDRESS:	CITY/STATE/ZIP:
DAY PHONE NUMBER:	CELL PHONE NUMBER:	E-MAIL ADDRESS:

INMATE INFORMATION

INMATE'S NAME:	INMATE'S ID #:	INMATE'S DATE OF BIRTH:
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DATES AND NAME OF THE PROGRAM(S):

OBTAINED GED OR HIGH SCHOOL DIPLOMA WHILE IN CCDOC: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE GED TEST PASSED OR HIGH SCHOOL DIPLOMA RECEIVED:
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SUBMISSION INSTRUCTIONS

(This form must be submitted by attorneys only)

PLEASE SUBMIT YOUR REQUEST EITHER IN PERSON, VIA U.S. MAIL OR E-MAIL TO:

Cook County Sheriff's Office
 ATTN: CCDOC Records Department
 2700 South California Avenue
 Chicago, IL 60608
 Email: ccso.inmateworkcredit@cookcountyil.gov
 For further inquiries, please call (773) 674-6321, 6806 or 6807

METHOD OF SUBMITTING REQUEST: <input type="checkbox"/> IN PERSON <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> E-MAIL	PREFERRED RESPONSE TO REQUEST: <input type="checkbox"/> IN PERSON <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> E-MAIL
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FOR OFFICE USE ONLY

DATE RECEIVED:	DATE DUE	REQUESTOR CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE:
EXTENSION:	DEPARTMENT:	DATE SENT TO REQUESTER:	VERIFIED BY:

DELIVERED VIA:
 IN PERSON
 U.S. MAIL
 E-MAIL