

Prerelease Request

I am within six months of my release date. I am requesting an A.A. Contact who will provide a link for me to the A.A. community through transportation to meetings and introductions to other A.A.s.

Person in custody Name: _____

Gender Identity: _____
(e.g. Male, Female, Non-binary)

Doc Number: _____

Doc Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Releasing to: (Town or Area): _____

Date of Release: _____

Address after release: _____

Phone No.: _____

Please mail to:

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