Goose Creek Correctional Center

VISITOR ACKNOWLEDGEMENT OF READING GCCC VISITING RULES

Date:			
	t read and familiarize yourself with the Department of		
Corrections Goose Creek Visitation Policies, Rules, and Hours of Operation. You can find these resources at <u>Visiting Goose Creek Correctional Center Institutions Alaska Department of Corrections</u> Once complete, please sign and date this form to acknowledge and agree to abide by these requirements. This is required to finalize your visitation request, and a copy will be kept on file.			
		I hereby acknowledge I have received, read, understand and agree to abide by the GCCC Visitation	
Policy and have sought clarification of rules in wh	nich I did not understand.		
Visitor Last Name:	First Name:		
Signature:	Date:		
(If visitor is a minor guardian/parent must read and sign)			
Prisoner's Last Name:			
Prisoner's First Name:			
Prisoner Offender Number:			