

OREGON DEPARTMENT OF CORRECTIONS
 COMMUNITY CORRECTIONS DIV., INTERSTATE COMPACT UNIT
 2575 CENTER STREET NE, SALEM, OR 97301
 Phone: (503) 378-2119 Fax: (503) 373-1124

***** TRAVEL PERMIT *****

Name: _____

DOB: _____
 Oregon SID# : _____
 SSN: _____
 Sex/Rac: _____
 Hgt/Wgt: _____
 Hair/Eyes: _____
 Offense: _____

Probation Parole/Post Prison Supervision Sex Offender Assaultive Offender

The above named person has been granted permission to travel out of the State of Oregon to the State of _____ as follows:

Purpose for Travel:	
Destination:	
Travel Details:	
Travel With:	
Will Depart:	
Will Return:	

***** CONDITIONS OF PERMIT *****

1. Report to local law enforcement within 48 hours and comply with any special reporting instructions required by destination state.
2. Obey all laws and ordinances in other state.
3. Show this permit if contacted by law enforcement.
4. Report back or call your Oregon Parole or Probation Officer as directed.

Officer: _____ Signature: _____
 Agency/Institution: Umatilla County Community Corrections Date: _____
 Address: 4705 NW Pioneer Place – Pendleton, OR 97801
 Phone: _____ Fax: 541-278-0353

Waiver of Extradition: I have been given this permission with the explicit understanding that I am to continue faithfully to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I hereby waive extradition and will not resist being returned to the state of Oregon.

Name: _____ Signature: _____
 Date: _____