



OSCEOLA COUNTY
CORRECTIONS DEPARTMENT
Community Corrections

TRAVEL PERMIT

TYPE OF TRAVEL AUTHORIZATION: TEMPORARY [] PROVISIONAL []

FULL NAME: _____ CASE NO: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PURPOSE OF TRIP: _____

DEPARTURE DATE: _____ RETURN DATE: _____ METHOD OF TRAVEL: _____

DESTINATION ADDRESS: _____ PHONE: _____

ACCOMPANIED BY: _____ RELATIONSHIP: _____

OFFENSE(S): _____

SENTENCE: _____ TERMINATION DATE: _____

DOB: _____ HAIR: _____ EYES: _____ HGT: _____ WGT: _____

RACE: _____ SEX: _____

WAIVER OF EXTRADITION

I HAVE BEEN GIVEN THIS PERMISSION WITH THE EXPLICIT UNDERSTANDING THAT I AM TO CONTINUE TO FOLLOW THE RULES AND REGULATIONS OF MY SUPERVISION AND TO TRAVEL ONLY TO THE LOCATION DESIGNATED ABOVE. SHOULD I BE ARRESTED IN ANY OTHER STATE DURING THE PERIOD OF TRAVEL, I WILL WAIVE EXTRADITION AND WILL NOT RESIST BEING RETURNED TO FLORIDA.

OFFENDER: _____ DATE: _____

The defendant (is) (is not) eligible for a Travel Permit.
The information provided has been verified.

VERIFIED BY: CCO _____ DATE: _____

APPROVED BY:

SUPERVISOR: _____ DATE: _____

Probation: 317 Church Street, Kissimmee, FL 34741 Telephone: (407) 742-4700 Fax: (407) 742-4730
Pretrial Release: 402 Simpson Road, Kissimmee, FL, 34742 Telephone (407) 742-4550