



**OSCEOLA COUNTY  
CORRECTIONS DEPARTMENT  
Office of Probation**

**TRAVEL PERMIT**

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**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 NO:** \_\_\_\_\_

**ACCOMPANIED BY:** \_\_\_\_\_            **RELATIONSHIP:** \_\_\_\_\_

**OFFENSE(S):** \_\_\_\_\_

**SENTENCE LENGTH:** \_\_\_\_\_            **TERMINATION DATE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_    **R/S:** \_\_\_\_\_    **HAIR:** \_\_\_\_\_    **EYES:** \_\_\_\_\_    **HGT:** \_\_\_\_\_    **WGT:** \_\_\_\_\_

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**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** \_\_\_\_\_

**APPROVED BY:**

**OFFICER** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**317 Church Street, Kissimmee, FL 34741 Telephone: (407) 742-4700, Fax: (407) 343-1588**

Form

(Ori: 05/12/2016 /// Rev: xx/xx/xxxx)

