TO:

FR: Records Department

RE: Program Approval for Inmates in Other Jurisdictions
**Inmate Name:**
**Other Jurisdiction Identification Number:**
**Massachusetts Identification Number:**

DT:

The above referenced inmate is currently serving a Massachusetts sentence. It is the policy of the Massachusetts Department of Correction to approve programs in advance of awarding earned good time. In order for the Massachusetts Department of Correction to properly credit him/her with any owed earned good time it is respectfully requested that the following information be provided.

**Program Name:**_____

1. Is the program staff run, monitored and coordinated?
   YES_____ NO_____

2. Is attendance taken? YES_____ NO_____

3. Is the program primarily social in nature? YES_____
NO_____

4. Is the program believed to be of service to inmates or the community? YES_____ NO_____

*******Please attach to this form a program description.** *****

Your assistance in this process is greatly appreciated. If you have questions, please direct them to _____. _____can be reached at _____. The information may faxed to _____or mailed to:

**Name/Department**
**Institution Name**
**Address**

TO:

FR: Records Department

RE: Education Approval for Inmates in Other Jurisdictions
**Inmate Name:**
**Other Jurisdiction Identification Number:**
**Massachusetts Identification Number:**

DT:

Inmate_____ is currently serving a Massachusetts sentence. In order for the Massachusetts Department of Correction to properly credit him/her with any owed earned good time it is respectfully requested that the following information be provided.

It is the policy of the Massachusetts Department of Correction to validate education programs in advance of awarding earned good time. In an effort to properly credit the inmate, please respond to the following questions:

**Education Program Name:**_____

1. Is the educational program staff run, monitored and coordinated? YES_____ NO_____

2. Is attendance taken? YES_____ NO_____

3. Is there an evaluation component? YES_____ NO_____

4. Are there start and stop dates to the education program? YES_____ NO_____

Please attach to this form an education program description. This is needed so that the Massachusetts Department of Correction can properly approve the education program for credit. Your assistance in this process is greatly appreciated. If you have questions, please direct them to _____. _____ can be reached at_____.