

## Massachusetts Department of Correction **Visitor Status Notification**

## Attachment 4



in accordance with 103 CMR 483 Department of Correction Visiting Policy

Visitor Name:	Date submitted:
Visitor address:	
Dear	
Please be advised that your request to visit inmate	ehas been:
Approved □ Denied □.	
The denial is based on:	
An appeal of this decision may be submitted to the	e superintendent.
********	*********************
Inmate	has requested to remove your name from his/her Inmate Visiting
Listing. You are therefore no longer approved to	visit.
Thank you for your attention and cooperation in	his matter.
	Sincerely,
	Director of Security

cc: Inmate