



VISIT PASS APPLICATION

Name: _____ Home Address: _____
Last First

City: _____ State: _____ Zip Code: _____ Telephone: _____

Social Security Number: _____ - _____ - _____ Title/Position: _____

Hair Color: _____ Eye Color: _____ Weight: _____ lbs Height: _____ ft. _____ in.

Date of Birth: _____ / _____ / _____ Driver's License # _____

EMPLOYER INFORMATION

Employed by: _____ Business Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Previous Employer: _____

Type Of Pass Requesting: New Applicant _____ Renewal _____

Attorney Pass: _____
Date of BAR Admission, Department NYS (or other) BAR Admission

Law School Attended and Degree received (if any)

Legal Assistant/Investigator Pass:
Investigator's License #, (if applicable) or issuing Agency & Date Issued

Special One Day Pass:
Name of Inmate (Last, First), Book & Case No., Location

Reason for Visit

NOTE: PLEASE INFORM THE APPLICANT INVESTIGATION UNIT AS SOON AS POSSIBLE, IF YOUR PASS HAS BEEN LOST, STOLEN, OR MISPLACED, AT (212) 487-7483

I, the undersigned, acknowledge that the information contained on my application for a photo identification pass is subject to verification and I hereby authorize the Department of Correction(DOC) to make inquiries of any public agency which may have information concerning my license, qualification, or background, in order to qualify me for a pass. I also authorize DOC to contact any school and/or previous employer for the purpose of certifying information submitted on this form.

Signature: _____ Date: _____ / _____ / _____