Minnesota Correctional Facility-_____

State Issue Record

(Circle One)

YEARLY INITIAL EXCHANGE

Incarcerated Individual Name:_____OID:_____

Rec'd	#	Item	Size	New	Used
	3	Pants			
	3M 1F	Shirts, Chambray			
	6M 2F	T-shirts			
	6	Briefs/Boxers			
	6	Socks			
	1	Footwear			
	1	Shower Shoes			
	1	Laundry Bag			
	1	Coat/Jacket			
	1	Hat – Stocking			
	2F	Bras			
	1F	Sleepwear			
	1	Washcloth			
	__	Padlocks			

I have been informed that I am responsible for the above listed items and agree to pay for any of these items if they are not returned in reasonable condition.

Incarcerated Person signature: _____ Date:_____

Staff signature:_____ Date:_____

Staff printed name:_____

Distribution: Original – Property; Copy – Incarcerated Person