DEPARTMENT OF CORRECTIONS

Notice of Discontinuation of Religious Diet Accommodation

Name:_____

OID:_____**Unit:**_____**Cell:**_____

Date: _____

Reason:

Chaplain/Designee Signature/Date:_____

Chaplain/Designee Printed Name: _____

If you wish to receive a Religious Diet Accommodation, you are required to re-apply by submitting a Religious Diet Request form and meeting with the chaplain/designee to discuss your reinstatement.