GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS



RELEASE AUTHORIZATION FORM

To be completed by RECOR	DS OFFICE STAFF:				
Inmate's Name SASSOWER, ELENA	DCDC No. 301340	Institution CDF	Date Prepared 12/23/04	Release Date 12/23/04	,
Release Type EXPIRATION	Releasing Authority SUPERIOR COURT	Release in Custody of SELF	Detainer Placed by:	Yes X No	·
Charges on file released? Bonds on file released? Detainers on file released? NCIC check done? NCIC check result? Checked for inmate identification? Checked for loose commitments? Special Instructions (if any): NO INMATE IDENTIFICATION	X Yes No X Neg Pos X Yes No X Yes No X Yes No X Yes No	Name/Title: LEGAL INSTRUME Signature: Name/Title: LEGAL INSTRUME LEGAL INSTRUME LEGAL INSTRUME	ance with applicabe. I have personally no information the Internation the Inte	reviewed this inmate erein that would preve	's ent the
				28-Jun-2004 6:39 pm	301340 ntake Date/Time
To be completed by R&D CC	NTROL or HALFWA	Y HOUSE STAFF:			
Name of staff identifying inmat	e: Date of Release:	12/23/04	Released to:	EGP	
Mer Heigh	Time of Release	: 1/ SAC	Transported by:	Land I How	af.
To be completed by AGENC	Y TAKING CUSTODY	:			
I have received the above named inmate, together with his/her Inmate Records (if applicable)	Name/Title:	Signature:	ar,	Date:	
Location:	L			· ·	

Print 3 copies for the following parties:

- 1. Inmate Record
- 2. R&D Copy
- 3. Inmate Copy

01:11W EZ 3_W 11:10

(ENSURE ALL COPIES ARE SIGNED)

Form L: Release Authorization Form