

Centre County Correctional Facility / Work Release Program

Inmate Transportation Agreement Form

Name of Inmate; _____

Name of Person Transporting Inmate; _____

Driver's Relationship to Inmate; _____

Driver's Home Address; _____

Home Phone #: _____ Cell Phone #: _____

Age of Driver; _____ Soc. Sec. #: _____ - _____ - _____

By signing this document, I agree to provide transportation to the above stated inmate. I understand that I am to drive him/her only to their place of employment or the Centre County Correctional Facility (CCCF). Under no circumstances will I take this inmate to any other location unless authorized by the Work Release Coordinator of CCCF. In the event of an emergency I will make every effort to contact the staff off CCCF and inform them of the inmate's status and whereabouts.

Driver's Signature _____ Print Name _____

Date; _____

****Please attach a photocopy of your valid license, registration, and valid insurance card to this document.****