

**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS**

**Community Release Centers
Rules and Policy Delivery**

CERTIFICATE OF ORIENTATION

Inmate's Name: _____ DC Number _____

Location: _____

This is to acknowledge that I have reviewed the Community Release Center Inmate Handbook, and have been advised that all Department Rules and Procedure Manuals that affect me are available for my use in the center office upon request. I further acknowledge that I have read or had read to me all of the above listed documents, and I understand the contents thereof.

Inmate Signature: _____

Date: _____

Staff Signature: _____

Date: _____