



STATE OF IOWA

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS
BETH A. SKINNER, PhD, DIRECTOR

(Please use this form if you attended Bridges of Iowa during the time from 1/2014 to 6/2017)

Date: \_\_\_\_\_

To: St. Gregory Recovery Center
PO Box 310
Bayard, IA 50029

From: Incarcerated Individual Name \_\_\_\_\_ # \_\_\_\_\_

Re: Credit

Please certify the number of days I was enrolled in Phase 1 and Phase 2 of the St. Gregory Recovery Program so that I may receive credit on:

Charge/Sentence(s): \_\_\_\_\_

Criminal Docket # \_\_\_\_\_

To Be Completed by St. Gregory Recovery Center Staff:

Table with 3 columns: Phase, Starting Date, Ending Date. Rows for Phase 1 and Phase 2.

Signature of St. Gregory Staff Certifying Enrollment Dates:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Specific Authorization
I specifically authorize the release and disclosure of my records and information regarding enrollment at the St. Gregory Recovery Center to the Iowa Department of Corrections for the purpose of certifying credit.
Incarcerated Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_

St. Gregory Recovery Center Staff, please mail this completed form to:
Iowa Medical & Classification Center, Attn: Records Office, 2700 Coral Ridge Ave., Coralville, IA 52241. Fax (319) 626-6641

The mission of the Iowa Department of Corrections is:
Creating Opportunities for Safer Communities
(Office) 515-725-5701 - 510 East 12th Street, Des Moines, Iowa 50319 - (FAX) 515-725-5799
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