

PAROLE ACKNOWLEDGEMENT LETTER		REPORT DATE (YYYYMMDD)
1. INMATE NAME <i>(Last, First, Middle)</i>	2. SSN	3. ID NUMBER
4. CORRECTIONS FACILITY		
5. ACKNOWLEDGEMENT		
I have read and understand the attached notice of approval/disapproval of my parole.		
6. PAROLE APPROVAL		
<input type="checkbox"/> I accept parole release. I understand my release is conditional upon continued good behavior and acceptance for supervision by a US Probation/Parole Officer.		
<input type="checkbox"/> I do not accept parole release.		
7. PAROLE DENIAL		
INSTRUCTIONS		
<p>You have the right to appeal the determination of the Service Clemency and Parole Board denying your release on parole. You may submit your appeal through the commanding officer of your confinement facility within 30 days of receipt of the attached denial letter. The appeal application may include any new or additional information which was not previously considered by the Service Clemency and Parole Board.</p>		
APPEAL SELECTION		
<input type="checkbox"/> I desire to appeal the denial of my parole by the Service Secretary Clemency and Parole Board. I understand the decision on my appeal by the designee of the Service Secretary is final.		
<input type="checkbox"/> I do not desire to appeal the denial of my parole by the Service Secretary Clemency and Parole Board.		
PRIVACY ACT STATEMENT		
AUTHORITY: 10 U.S.C. § 951, P.L. 90-377, and E.O. 9397.		
PRINCIPAL PURPOSE(S): To notify an offender of approval for parole release and record the individual's acceptance or rejection of parole. This form is also used to notify an offender of a negative determination by the Service Clemency and Parole Board and to record an offender's decision to appeal or not appeal the decision denying parole.		
ROUTINE USE(S): To the Department of Justice, in instances where the prisoner is incarcerated in a Federal Bureau of Prisons facility for incarceration.		
DISCLOSURE: Voluntary; however, failure to provide the requested information may result in denial of parole or forfeiture of opportunity to elect appeal rights as to parole denial.		
8. INMATE SIGNATURE		9. DATE (YYYYMMDD)
10. WITNESS NAME. GRADE AND TITLE <i>(Last, First, Middle)</i>	11. SIGNATURE	12. DATE (YYYYMMDD)