



## COOK COUNTY SHERIFF'S OFFICE INMATE WORK/PROGRAM CREDIT VERIFICATION REQUEST



*(CCSO may take 48 hours, excluding weekends and holidays before response to request is available)*

DATE REQUESTED: \_\_\_\_\_

REQUESTOR NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT./OFFICE NUMBER STATE ZIP CODE

DAY PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

REQUEST SUBMITTED BY:     IN PERSON     U.S. MAIL     E-MAIL

Requestor, please provide the name of the inmate and D.O.B., the name of the work or program(s) in which the inmate participated, the dates thought to have participated in work or programs and/or specific information about the program through which the inmate received a GED or a High School diploma. Please be as detailed as possible in your request, to assist in verifying information.

**THIS FORM IS A SAMPLE! SHOULD YOU NEED VERIFICATION, SEND AN EMAIL REQUEST TO:  
 CCSO.INMATEWORKCREDIT@COOKCOUNTYIL.GOV  
 THIS FORM MUST BE SUBMITTED BY ATTORNEY'S ONLY!**

**PLEASE SUBMIT YOUR REQUEST IN PERSON, VIA U.S. MAIL OR EMAIL TO"**

Cook County Sheriff's Office  
 ATTN: CCDOC Records Dept.  
 2700 S. California Avenue  
 Chicago, IL 60608

email: [ccso.inmateworkcredit@cookcountyil.gov](mailto:ccso.inmateworkcredit@cookcountyil.gov)

for further inquiries, please call (773) 674-6321 or 6807

PREFERRED RESPONSE:     IN PERSON     U.S. MAIL     E-MAIL

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ REQUESTOR CONTACTED? IF YES, DATE: \_\_\_\_\_

DATE DUE: \_\_\_\_\_ DELIVERED VIA:     U.S. MAIL     E-MAIL     IN PERSON

EXTENSION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE SENT TO REQUESTOR: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ Inmate ID #: \_\_\_\_\_

Dates and Name of the Program(s): \_\_\_\_\_

Obtained GED or High School diploma while in CCDOC? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, date GED test passed or High School diploma received: \_\_\_\_\_