

DUNN COUNTY JAIL HUBER RELEASE FOR EDUCATION FORM

Name of School/College Attending: _____

Address: _____
City State Zip Code

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Program Attending: _____

SCHEDULE

Class:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Class:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Class:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Class:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Class:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

*When Submitting your Huber packet to the jail, please attach a printout from the school with your class schedule for verification purpose. You will not be released until the information is received and verified.

JAIL USE ONLY:
 Information verified by: _____ Date: _____

