INMATE'S RELEASE ORDER

1. TO: Confinement or Brig Officer	2. INSTALLATION:	3. DATE *(YYYYMMDD):*
4. THE INMATE NAMED BELOW WILL BE RELEASED FROM CONFINEMENT _____ *(YYYYMMDD)* AND DELIVERED TO THE ORGANIZATION SHOWN.		
5. INMATE NAME *(Last, First, Middle)*	6. SSN	7. GRADE
8. SERVICE BRANCH	9. ORGANIZATION	
10. REASON FOR RELEASE :		
FOR THE COMMANDER		
11. AUTHENTICATING OFFICER NAME *(Last, First, MI)*	12. SIGNATURE	
13. GRADE, ORGANIZATION, AND TITLE		
RECEIPT		
14. RECEIPT OF THE ABOVE NAMED RELEASED PERSON IS ACKNOWLEDGED.	15. DATE *(YYYYMMDD)*	16. TIME
17. NAME, GRADE, ORGANIZATION, TITLE	18. SIGNATURE	
19. REMARKS:		

DD FORM 2718, NOV 1999