

IVF02-0006

## GEORGIA DEPARTMENT OF CORRECTIONS TRANSFER FORM

TRANSFERRED FROM NAME: DATE:	TRANSFERRED TO NAME:  EMPLOYEE ID:  EMAIL ADDRESS:	APPROVED BY  NAME:  WORK UNIT:
Description	MEID NUMBER	DEVICE PHONE NUMBER
IPHONE		
IPAD		
AIRCARD/HOTSPOT		
CELLPHONE		
2-WAY RADIO		
SOUTHERN LINC		
DEVICE CHARGERS		
	Signature:	
	Received Date:	