

**GEORGIA DEPARTMENT OF CORRECTIONS**  
*FACILITIES DIVISION*

**(Notification of Registered Sex Offender Transfer)**

<b>OFFENDER NAME:</b>	
<b>GDC NUMBER:</b>	
<b>SS#</b>	
<b>COUNTY OF CONVICTION:</b>	
<b>FACILITY:</b>	
<b>CURRENT OFFENSE:</b>	
<b>REGISTERABLE OFFENSE:</b>	
<b>FBI NUMBER:</b>	

The above Registered Sex Offender has been transferred from \_\_\_\_\_ County to \_\_\_\_\_ County and is currently housed at \_\_\_\_\_. Please make the necessary changes to your Sex Offender Registry. If you have any questions, contact me at \_\_\_\_\_.

Retention Schedule: Upon completion, the form is to be retained on the top left side of the offender's institutional file for 99 years or until proof of death is received.