
GEORGIA DEPARTMENT OF CORRECTIONS

NAME:	ID NUMBER:
COUNSELOR:	DORM:
WORK ASSIGNMENT: AM	PM
OFF DAYS:	
INSTRUCTIONS: Check the space p	rovided below for the type of hair care needed.
() Perm	() Hair color
() Curl	() Tape
() Hair cut	() Other (Specify):
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FOR USE BY COSMETOLOGY A	REA SUPERVISOR ONLY
DATE RECEIVED:	
APPROVED:	DISAPPROVED:
APPOINTMENT DATE:	

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file and retained according to the official records retention schedule for that file.