



**GEORGIA DEPARTMENT OF CORRECTIONS**  
*Facility Operations*

**Transitional Center Notification**

The following convicted Sex Offender is now residing at the Transitional Center in your county. The following information can be used to list the offender on your Local Registry, if you choose. The offender will not be registered on the State of Georgia Registry with GBI until release from incarceration with Department of Corrections.

**Date -** \_\_\_\_\_

**Name -** \_\_\_\_\_

**Crime and year convicted -** \_\_\_\_\_

**State & County of Conviction -** \_\_\_\_\_

**Address -** \_\_\_\_\_

**Race -                      Sex -                      Date of Birth -** \_\_\_\_\_

**Height -                      Weight -** \_\_\_\_\_

**Hair Color -                      Eye Color -** \_\_\_\_\_

For questions regarding this notification, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone/Email