

GEORGIA DEPARTMENT OF CORRECTIONS

Facilities Operations, State Offices South

300 Patrol Road

Forsyth, Georgia 31029

Phone (Type in Applicable Center Number) - **Fax:** (Type in Applicable Fax Number)

OUT OF STATE WORK TRAVEL PERMIT

Full Name:				GDC#:		
Center Address:						
Destination	Name:			Street:		
	City:			State:		Phone #:
Purpose of Trip:						
Employer:				Supervisor:		
Work site #:				Supervisor #:		
Departure Date:				Return Date:		
Method of Travel:						
Offense:				Sentence:		
Special Instructions:						
<p>Travel Permit Waiver of Extradition: I do hereby waive extradition to the State of Georgia from any State of the Union, and from any territory of the United States. I also agree that I shall not contest any effort to return me to the State of Georgia with full knowledge of the nature of my rights, and with a desire to be bound by this Waiver of Extradition.</p>						

Signature of Resident: _____

Approved this: _____

Original signature on
file in office

Date

**Signature of
Superintendent:** _____

Office & Telephone #: _____

I understand that I am to keep this travel permit on my person at all times while traveling out of state. I also agree to produce this permit for any law enforcement officer upon request.

Law Enforcement Personnel: The above listed offender is an inmate with the Georgia Department of Corrections who is assigned to a Transitional Center (Work Release) program. He has been authorized to work at / with the above listed employer only. Any movement outside of the confines of employment should be reported immediately by contacting the Superintendent at (type phone number here).