

**Georgia Department of Corrections  
Facilities Operations**

**48-Hour Waiver  
(RECLASSIFICATION)**

**TO:** WARDEN \_\_\_\_\_  
**FROM:** Offender \_\_\_\_\_ **GDC#** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**SUBJECT: 48-Hour Reclassification Waiver**

I wish to waive my right to appear before the Classification Committee for reclassification:

**REASON:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_