



GEORGIA DEPARTMENT OF CORRECTIONS
STATE OFFICES SOUTH AT TIFT COLLEGE
P.O. BOX 1529
FORSYTH, GA 31029

Nathan Deal
Governor

Gregory C. Dozier
Commissioner

COMMISSIONER'S DESIGNEE'S ADA ACCOMMODATION REQUEST APPEAL RESPONSE

Date:

Offender's Name:
GDC#:

ADA Request Number:
Facility:

Response to Appeal:

Commissioner's Designee

Date

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE

Offender's Signature

Date

Retention Schedule: Upon completion, the original of this attachment shall be placed in the offender's institutional file and retained according to the official retention schedule for this file. A copy of this attachment shall be placed in the medical file and mental health file, as necessary, and retained according to the official retention schedule for that file. A copy of this attachment shall also be maintained in the Facility ADA Coordinator's, Agency's ADA Coordinator's, and Commissioner's Designee's offices for four (4) years following the final decision of the request.