Georgia Department of Correction	s Facility:
ACU Discharge Summary	Name:
	ID#:
	Date of Birth:
Date/Time of Admission:	/
Date of Discharge:	
Referral Source:	
Admitting Diagnosis:	
Discharge Placement:	

Form no. M70-01-02

Retention Schedule: Upon completion, this form shall be placed in the offender's mental health file (section 1). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.