Facility Name

Reclassification Move Request Form

From: _____ Date of Request:_____

Offender Name:_____ GDC Number:_____

Security Level:_____ Sex Offender:_____ Race:_____

Reason for change (Circle): Security | Detail Change | Adjustment | Administrative | MH | ADA

Staff Justification:

_____

_____

_____

Are there any dorm(s) that the offender cannot be assigned to due to security reasons?_____

Are there any physical size and/or weight differences or health issues that the offender or a potential cellmate may have?_____

_____

Move from Location/Dorm:_____

Move to Location/Dorm:_____

Classification Committee Action

( ) Approved ( ) Disapproved

_____	_____	_____
Chairperson	C&T Member	Security Member

_____	_____
Escorting Officer	Date/Time
_____	_____
Receiving Officer	Date/Time
_____	_____
I.D. Officer	Date/Time

Retention Schedule: This form shall be utilized per the SOP, until such time it is revised or becomes obsolete.