Facility Name

Classification/Reclassification Summary Report (Circle One) Date_____

Offender Name	Offender Number	Current Assignment	New Assignment	Approved/Disapproved
Deputy Warden of Care & Treatment/Date	Deputy Warden of Security/Date		Warden/Date	

*Classification/Reclassification Paperwork Attached

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

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Classification/Reclassification Report (Circle One) Date_____

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