

Facility Name

48-Hour Classification Notification Form

Initial / Reclassification (Circle One)

Date of Initial Classification / Reclassification (Circle One): _____

Note: *Attendance at Initial Classification is mandatory.*
Attendance at Reclassification is not mandatory.

I _____ GDC# _____
will attend the classification meeting.

If you do not wish to attend Reclassification, please utilize the 48-Hour Waiver Form.

Offender's Signature: _____

Counselor's Signature: _____

Date: _____