

***Georgia Department of Corrections  
International Prisoner Transfer Program  
Denial Form***

**Date** \_\_\_\_\_

**Personal Data:**

1. Committed Name and Know Aliases: \_\_\_\_\_

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2. Prisoner Identification Number: \_\_\_\_\_

3. Date of Birth (Month, Date, Year) \_\_\_\_\_

4. Place of Birth \_\_\_\_\_

5. Nationality \_\_\_\_\_

6. Current Place of Incarceration \_\_\_\_\_

7. Reason for denial \_\_\_\_\_

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*Signature of Person Submitting Denial / Date*