

**Georgia Department of Corrections
Facilities Operations**

**48-Hour Waiver
(RECLASSIFICATION)**

TO: WARDEN _____
FROM: Offender _____ **GDC#** _____
DATE: _____

SUBJECT: 48-Hour Reclassification Waiver

I wish to waive my right to appear before the Classification Committee for reclassification:

REASON: _____

Signature: _____ Date _____