

Release Card Request Form

Please complete this form and submit to the Cons. Banking Unit for all instances of release that will have funds and/or will be receiving Release Gratuities Funds. Please do not include offenders that will not receive a release card.

FACILITY :	
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CONTACT PERSON:	
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DATES OF RELEASES:	
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(ALL FIELDS MUST BE COMPLETED WHEN SUBMITTED)

Release Date	GDC#	Offender Last Name	Offender First Name	RPID#	Gratuity(y or n)
Example: 01/01/2012	Example: 1234567	Example: Smith	Example: John	Example: 123456	Example: Y

Please fax to Consolidated Banking Unit (CBU) @ 478-992-6317. This form can also be scanned and emailed to "OFFENDERPAYMENTS@dcor.state.ga.us". All releases should be submitted timely and will be processed by release date. In the event of an unexpected release, notify your CBU contact person.

Retention Schedule: Upon completion, this form shall be scanned and maintained electronically for five (5) years on the CBU server.