



SEXUAL OFFENDER RISK REVIEW BOARD

www.SORRB.org

REQUEST FOR REEVALUATION OF CLASSIFICATION

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|---|--|
| Full Name of the Offender | |
| Person Making the Request (Please note if you are an attorney representing the offender) | |
| Address of Requestor | |
| Email of Requestor | |
| Date of Request | |
| Date of Classification Letter | |
| SORRB ID # (found on classification letter) | |

_____ This request is being made within 30 days of the classification letter.

Please accept this as my letter of request for reevaluation of my/my client's risk classification. I understand that if I/my client was just classified, I must submit documentation I would like reviewed as part of the reevaluation within 120 days of the date listed on my/my client's classification notification letter.

I understand that there are no extensions.

Thank you,

Requestor's Signature

Please email this request, in addition to any documentation, to contactsorrb@sorrb.ga.gov. If preferred, you can mail documentation to:

Sexual Offender Risk Review Board

Temporary Address:

200 Piedmont Ave., SE
Suite 504.21, West Tower
Atlanta, GA 30334