



## SEXUAL OFFENDER RISK REVIEW BOARD

WWW.SORRB.GEORGIA.GOV

### REQUEST FOR 10-YEAR/5-YEAR REEVALUATION

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 is a 10-year post classification reevaluation request  
(at least 10 years has elapsed since the notification letter from the initial classification).

\_\_\_\_\_ This is a 5-year post classification reevaluation request.  
(at least 5 years has elapsed since the notification letter from the 10-year reevaluation).

Please accept this as my letter of request for a 10-year or 5-year reevaluation of my risk classification.

**I understand that I must submit ALL the documentation I'd like SORRB to review and consider with this request. I also understand that only PDF submissions will be accepted. SORRB does not accept any data storage device.**

Thank you,

\_\_\_\_\_

Requestor's Signature

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

Sexual Offender Risk Review Board  
200 Piedmont Ave., SE  
Suite 404, West Tower  
Atlanta, GA 30334