



# Ohio Department of Rehabilitation and Correction

770 West Broad Street  
Columbus, Ohio 43222

To: Bureau of Classification  
From: Warden,  
Institution:

Name:	Number:
Current Security Level:	Birth Year:

We are requesting authorization to transfer the above named inmate(s) from:

\_\_\_\_\_ to \_\_\_\_\_

RIB Cases in the last 12 months: \_\_\_\_\_

Is the inmate currently in Segregation? Yes  No  If yes, date of placement in Segregation: \_\_\_\_\_

Justification:

### NATURE OF TRANSFER:

Security       Medical       Administrative       Mental Health

Warden's Signature:	Date:
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### DEPARTMENTAL ACTION

Request Approved       Request Amended       Request Denied

### Disposition:

Approved Institution: \_\_\_\_\_      New Security Level: \_\_\_\_\_

Reason: \_\_\_\_\_

Notes:

Bureau Of Classification:	Date:
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