



## CJLEADS AGENCY POINT OF CONTACT UPDATE INFORMATION

**Agency Name:** *(required)* \_\_\_\_\_

**Agency Head:** *(required)* \_\_\_\_\_

	<b>Primary Contact</b>	<b>Secondary Contact</b>
<b>Name</b>		
Title		
Address Line 1		
City, State and Zip		
Phone		
Fax		
Email Address		

	<b>User Administration</b>	<b>Training Contact</b>
<b>Name</b>		
Title		
Phone		
Email Address		

	<b>User Administration</b>	<b>Training Contact</b>
<b>Name</b>		
Title		
Phone		
Email Address		

	<b>Technical Contact</b>	<b>Technical Contact</b>
<b>Name</b>		
Title		
Phone		
Email Address		



## REMOVAL OF AGENCY CONTACT INFORMATION

To assist you with this form and/or for a list of the current CJLEADS contacts at your Agency, please send your request via email to: [gdacadmin@nc.gov](mailto:gdacadmin@nc.gov).

I have reviewed my current Agency contacts: (*required*)

Name	Date of Removal	Removal Reason

### SIGNATURES

Note: The undersigned hereby states that they have the legal authority, with their AGENCY, to update/remove an existing contact. An appropriate signatory authority is defined in the "Policy for Access to CJLEADS," and agrees to all the terms of this Agreement and those incorporated by reference.

\_\_\_\_\_  
Typed or printed NAME of AGENCY signatory authority

\_\_\_\_\_  
TITLE of AGENCY signatory authority

\_\_\_\_\_  
SIGNATURE of AGENCY signatory authority  
*DocuSign* is an approved form of CJLEADS signature

\_\_\_\_\_  
Date

Return to CJLEADS by Email at [cjleadshelp@nc.gov](mailto:cjleadshelp@nc.gov) or Fax at 919 754-6957.