

CJLEADS 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.

A NT	(· · ·	
Agency Name:	required)

Agency Head: (*required*)

Name	Date of Removal	Reason

SIGNATURES

Note: The undersigned hereby states that they have the legal authority, with their AGENCY, to 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

Date

Return to CJLEADS by Email at cjleadshelp@nc.gov or Fax at 919 754-6957