NEW YORK STATE OF OPPORTUNITY.

Justice Center for the Protection of People with Special Needs

Authorized Person Revocation Form

Criminal Background Check Unit
Fax: 518-549-0464
Email: cbc@JusticeCenter.ny.gov

Please complete this section only if you wish to revoke an Authorized Person:

This section must be completed by the Chief Executive Officer of an agency/provider of services, the Director of a DDSO, or in the case of a registered provider that does not have a Chief Executive Officer in its local area, then the person designated by the registered provider to have primary responsibility for its local operations.

Name of Authorized Person _____

Name of Agency/Provider _____

Authorized Person's work email address

_____

☐ Yes ☐ No Authorized Party status is revoked. (Please check) Effective Date of Revocation

Name of CEO/Director/Local Responsible Party _____

☐ Agency/Provider of Services CEO

☐ DDSO Director

☐ Registered Provider Local Responsible Party

Signature_____ Date:

Clear Form Print Form