



Subject Party Change in Status

The purpose of this form is to inform the Justice Center CBC Unit when an individual is no longer subject to the criminal history record check requirements.

Instructions:

1. Please complete all fields on this form and send within 14 days after the change in status. Please print legibly.
2. Authorized Person must sign this form.
3. OPWDD Providers mail to: Justice Center CBC Unit, 401 State Street, Schenectady, NY 12305
4. OCFS Providers mail to: Justice Center CBC Unit, 161 Delaware Avenue, Delmar, NY 12054

Part 1

Agency/Registered Provider		OPWDD - Agency Corp ID/Registered Provider ID	
Street Address or PO Box			
City	State	Zip	

Part 2

The following person, concerning whom a Criminal History Record Check was requested is no longer subject to the check.

Last Name		First Name	MI
Date of Birth		Social Security Number	
Date of hire or affiliation	Date of Resignation/Termination	Reason for change in status	

Part 3

Name of Authorized Person		Title
Work Email Address		
Signature of Authorized Person		Date