



# AGENCY PERSONNEL CHANGE REQUEST

1717 Park Street, Suite 303, Naperville, IL 60563

Office: (630) 896-8860 • Fax: (630) 229-0206

Agency: \_\_\_\_\_

Name of Individual being modified: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Verification purpose only)

Past Title:

- Chief
- Sheriff
- Director
- Training Officer
- Patrol Officer
- Other

New Title:

- Chief
- Sheriff
- Director
- Training Officer
- Patrol Officer
- Other

Please specify other: \_\_\_\_\_ Please specify other: \_\_\_\_\_

Replacing: \_\_\_\_\_

The replaced individual is:

- Retired
- No longer with the department
- With department (Still needs on-line access) Title: \_\_\_\_\_
- With department (Remove on-line access) Title: \_\_\_\_\_

Please allow the following individual(s) on-line access rights.

Last Four Digits of SSN: \_\_\_\_\_ Individuals Name: \_\_\_\_\_  
(Verification purpose only)

\_\_\_\_\_  
\_\_\_\_\_

Add	Remove	The following individuals from/to our department.	Last Four Digits of SSN:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Chief or Training Officer Signature

\_\_\_\_\_

(Please Print Signature) Today's Date: \_\_\_\_\_

\_\_\_\_\_