



AGENCY PERSONNEL CHANGE REQUEST

355 Smoke Tree Business Park, North Aurora, Illinois 60542

Office: (630) 896-8860 • Fax: (630) 896-4422

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: _____