

Criminal Justice Fellows Program Action Request Form

Select one or more of the following:

A Address Change Sections: B, D, E <input type="checkbox"/>	Name Change Sections: B, C <input type="checkbox"/>	Resignation Sections: B, F <input type="checkbox"/>
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B Social Security Number <input type="text"/>	Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>
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C	Former Name (Name Change) <input style="width: 90%;" type="text"/>
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D Current Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
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E	New Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
	Check this box if contact information has changed <input type="checkbox"/>	New Phone Number <input type="text"/>	New Email Address <input type="text"/>	

F By selecting this box, you withdraw yourself from the program effective immediately. Before selecting and then mailing this document, please look over all documentation to ensure appropriate action.	I HEREBY RESIGN FROM THE CRIMINAL JUSTICE FELLOWS PROGRAM. I UNDERSTAND THAT BY RESIGNING I WILL BE SUBJECT TO THE REPAYMENT PLAN.	<input type="checkbox"/>
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Signature

Date