



N-DEx / OneDOJ Cancellation of Access Form



Fax To: (888) 550-6427

The *Cancellation of Access* form notifies the N-DEx / OneDOJ Authentication Office of those individuals requiring termination of their Services & System(s) access. Please provide the full name, agency name, and ORI of the individual(s) to be cancelled. Include additional sheets as necessary. This form may be used at both the Agency and State Level.

1. Agency Head Signature

I hereby certify the listed individual requires termination of access to the services & system(s) as described below.

Signature: _____ Date: ___/___/_____
Please Print Name: _____ Title: _____

2. CSO / POC (or Designee) Signature

I hereby certify the listed individual requires termination of access to the services & system(s) as described below.

Signature: _____ Date: ___/___/_____
Please Print Name: _____ Title: _____

PLEASE LIST FULL NAME, AGENCY NAME, ORI and SYSTEM of the individual(s) requiring access termination.

NAME	AGENCY	ORI #	SYSTEM	
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
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			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ
			<input type="checkbox"/> N-DEx	<input type="checkbox"/> OneDOJ

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