



Request for Removal of Users

Main ORI:	
Agency:	
Agency Contact Name:	
Agency Contact Phone:	
Agency Contact Email:	

The individual(s) listed below need to be removed from the specified ACIC Systems:

User ID	First, Middle Initial, & Last Name	ACIC System	CJIS Online	JusticeXchange	NPLEX	Scrap Metal Log	CENSOR	N-DEX	Token User	Remarks <i>(Please include token number. Also, list other ACIC Systems for access removal.)</i>	No Longer Employed	No Longer Needs Access
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19.												
20.												

Return this form to NLEnotification@acic.arkansas.gov.

Signature of TAC Title Date