CERTIFICATION

CANCELLATION REQUEST FORM

Date_____

Ms. Marissa Cutts
Director of Victim Services
Criminal History Systems Board
200 Arlington Street
Chelsea, MA 02150

Dear Marissa,

I _____, hereby request that my certification with the
(Certified Person's Name – *please print*)

Criminal History Systems Board pertaining to offender _____ be canceled.
(Offender's Name)

I no longer wish to receive notification regarding the inmate's temporary, provisional or final release from custody.

My file number is _____. Please contact me at _____ should you have any questions regarding my cancellation request.
(Certification # - *if known*) (Home/Work Phone)

Sincerely,

_____
(Certified Person's Signature)

Please Fill In Your Current Contact Information:

Street:	Apt. #:	
City:	State:	Zip:
Home Phone:	Work Phone:	

Please mail or fax to:

Criminal History Systems Board
Victim Services Unit
200 Arlington Street, Suite 2200
Chelsea, MA 02150
Phone (617) 660-4690
Fax (617) 660-5973

CHSB