** State of New Jersey**

**PHILIP D. MURPHY**

**Governor**

**TAHESHA L. WAY**

**Lt. Governor**

**SARAH ADELMAN**

**Commissioner**

**DEBORAH ROBINSON**

**Director**

**Department of Human Services**

**Office of Program Integrity and Accountability**

**P.O. BOX 700**

**TRENTON NJ 08625-0700**

**Office: (609) 292-0207 – Fax: (609) 943-3029**

# TO: Data Reduction

# State Bureau of Identification (SBI)

**Thru:** Connie Jeremias, Director – Cost Code# 700

Employee Controls and Compliance Unit (ECCU)

Department of Human Services (DHS)

**COST CODE**: Enter Application Type and Cost Code Number

# DATE:

# SUBJECT: Flag Removal

Request the following individual(s) flag(s) be removed from the SBI files:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **DOB:** | **SSN:** | **PCN or TCN:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Send completed Flag Removal Forms to ECCU’s office inbox at** [**Dhs.Eccu@dhs.nj.gov**](mailto:Dhs.Eccu@dhs.nj.gov)