

Instructions for Change/Withdrawal Notice

Address Confidentiality Program (ACP)



NYS Department of State
Address Confidentiality Program
P.O. Box 1110
Albany, NY 12201-1110
Phone: (518) 474-7306
Toll Free: (855) 350-4595
Fax: (518) 474-0709
Email: ACP@dos.ny.gov
Web: www.dos.ny.gov/acp

This application should be used to make changes to application information submitted by the program. Program participants should review the instructions below to ensure they understand how to properly complete the form if their information changes.

Section 1 - Type of Change

Depending on the type of change, the participant should check the applicable box which pertains to the change. A description of what each of the boxes represent is below:

Primary Participant's Name Change - This box should be selected if the primary participant has changed his or her name through a legal process in order to update the ACP with this new information. Participants should provide the updated name to any government agencies or businesses to which they previously provided their name. Once ACP has processed this change, program participants will receive an ACP identification card containing the new name.

Other Participant's Name Change - This box should be selected if other household participants have changed their names through a legal process in order to update the ACP with this new information. Participants should provide the updated name to any government agencies or businesses to which they previously provided their name.

Mailing Address Change - This box should be selected if the primary participant would like to change the address where they want their mail sent. It is important that primary participants who change their mailing address notify the ACP as soon as possible. If the program participant does not notify the ACP within 14 days of their change in mailing address and the mail is returned non-deliverable, the program participant will be cancelled from the program.

Actual Address Change - This box should be selected if the program participant has changed where they actually live.

Withdrawal from Program Request - This box should be selected if the program participant or one of the other participants wants to withdrawal from the program. The applicable participant will need to complete Section 3.

Section 2 - Change information

Complete the section that corresponds with the box selected above. The program participant should provide both the previous information and the change in information.

Section 3 - Withdrawal Section

Check whether the primary participant or other household member participating in ACP wishes withdrawal from the program. If both wish to withdrawal check both boxes. Print the full name of the participant who wishes to withdraw from the program. If the primary participant withdrawals from the program, the entire record will be removed from the ACP and all other participants will also be removed from the program.

Section 4 - Security Word

Provide the correct security word to ensure that only an authorized person is making changes to the record. If the participant cannot remember the security word, they may contact the ACP for a hint.

Section 5 - Affirmation of Applicant

The primary participant (or his or her guardian) must sign and date the form affirming that the information provided is true and correct. If the change being made is only to withdraw another adult participant from the program, the change form can be signed either by that adult participant or the primary participant. The completed application form should be sent to the address indicated on the application.

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Read instructions carefully before completing this application. Please PRINT or TYPE responses in ink.

SECTION 1: Type of Change - Please check appropriate box

Primary Participant's Name Change

ACP Identification Number

Other Participant's Name Change

Mailing Address Change (where ACP sends the applicant's mail)

Actual Address Change (where applicant actually lives)

Withdrawal from Program Request ** Skip Section 2 if withdrawing **

SECTION 2: Change Information - Please complete the application information below

Primary Participant Name

Name Change of Primary Participant

Other Participant Name

Name Change of Other Participant

Previous Mailing Address

City

State

Zip Code

New Mailing Address

City

State

Zip Code

Previous Actual Address

City

State

Zip Code

New Actual Address

City

State

Zip Code

SECTION 3: Withdrawal Section - Please select applicable box

Primary Participant

Other Participant

Name of Participant withdrawing from the program

Please note that withdrawal of the primary participant will remove this record and all other participants within this file from the program.

SECTION 4: Security Word - Please provide your security word below

Security Word: _____ You may contact our office for your hint to your security word.

SECTION 5: Affirmation of Participant

I hereby affirm under penalties of perjury that all information provided on this application is true and correct.

Signature of Participant

Date

Please return the completed Change/Withdrawal Notice to: NYS Department of State
Address Confidentiality Program
P.O. Box 1110, Albany, NY 12201-1110
OR return to ACP via Fax at: (518) 474-0709