

## REQUEST TO WITHDRAW

**THIS IS TO NOTIFY OPOS THAT I AM REQUESTING TO WITHDRAW FROM THE SELECTION PROCESS FOR THE CLASSIFICATION(S) INDICATED BELOW. I UNDERSTAND THAT IF I CHOOSE TO REPLY, I WILL BE REQUIRED TO SUBMIT A NEW APPLICATION AND BEGIN THE SELECTION PROCESS OVER.**

CANDIDATE NAME WHEN APPLIED FOR EXAM (Last, First, Middle Initial)		EXAM ID	DATE
CLASSIFICATION (Check all that apply) <input type="checkbox"/> CORRECTIONAL OFFICER <input type="checkbox"/> YOUTH CORRECTIONAL OFFICER <input type="checkbox"/> YOUTH CORRECTIONAL COUNSELOR <input type="checkbox"/> PAROLE AGENT I <input type="checkbox"/> OTHER (please indicate classification): _____			
E-MAIL ADDRESS		TELEPHONE NUMBER	
MAILING ADDRESS (Street, City, State, Zip Code)			
CANDIDATE SIGNATURE		DATE SIGNED	