



CRIMINAL JUSTICE AGENCY DATA CORRECTION FORM

Criminal Justice Agencies (both LEADS terminal and non-LEADS terminal) must submit this form to the Illinois State Police reference agency changes to ensure information is current in all databases regarding LEADS, NCIC, NLETS and Criminal History Record Information (CHRI) access. Incomplete forms will delay processing.

Check all reason(s) for submission:

- | | |
|--|---|
| <input type="checkbox"/> Agency Head Change (New LEADS Agreement is required) | <input type="checkbox"/> Agency Phone Number Change |
| <input type="checkbox"/> Agency Address Change | <input type="checkbox"/> Agency Fax number Change |
| <input type="checkbox"/> LEADS Agency Coordinator (LAC) Appointment or Change
(For LEADS Agency Coordinator change, ensure page 2 is completed and submitted) | <input type="checkbox"/> LASO (LEADS Agency Security Officer) |
| | <input type="checkbox"/> NAC (NDex Agency Coordinator) |

Complete all information

Incomplete forms will delay processing of agency changes

AgencyName _____

Address _____

City _____ State _____ ZIP code _____

Telephone _____ 24-hrs non-Emergency telephone _____ FAX _____

***Does your agency make LEADS HOT FILE entries? _____ YES _____ NO

Primary NCIC ORI: _____ Primary Station: _____

Every LEADS agency is required to appoint one employee as its LEADS Agency Coordinator (LAC). The name of this person must be submitted to the LEADS Administration. Immediately upon the termination or reassignment of the LAC, the agency head must appoint and notify the LEADS Administration of the **new** LAC. Pursuant to LEADS Regulations and Policies:

(<https://isp.illinois.gov/LawEnforcement/LEADSSecurity>).

LEADS Agency Coordinator (**Please Print**) _____

(For LAC change, fill out with **new** LAC information)

Email Address _____

Agency Head Name (**Please Print**) _____

Title/Rank _____ Email Address: _____

Agency Head Signature _____ Date _____

NOTE: Must be signed by the chief agency administrator such as the police chief, sheriff, district commander, superintendent, etc. The signature of the records supervisor, dispatcher, communications supervisor, etc. will not be accepted.

Return form to: **Illinois State Police**

LEADS Administration
801 South Seventh Street, Suite 600-M
Springfield, Illinois 62703

or FAX: (217) 524-2498

FOR ISP USE ONLY

☐ **Attention: LEADS Agency Coordinator**
The change(s) requested above has been completed by LEADS Administration.

Date _____ **Initials** _____

NOTE: Page 2 is only required if Data Correction Form is being submitted for a LAC, LASO or NAC appointment or change.

Regarding the NexTEST System:

Check one: ☐ The new LAC is already a NexTEST Administrator

☐ The new LAC needs to be added as a NexTEST Administrator

Should the previous LAC remain a NexTEST Administrator? ☐ Yes ☐ No

If No, provide name of previous LAC: _____

LEADS Agencies *must* complete the following in order for the LEADS Configurator to be modified:

Previous LAC

Name: _____

LEADS User ID: _____ SID: _____

Change Title To: ☐ LEADS Agency Technical Contact ☐ Telecommunicator ☐ Sworn ☐ Inactive
☐ Agency Head ☐ Code/Civilian ☐ Technical Support

Will the prior LAC remain an Authorized Delegate in LEADS? ☐ Yes ☐ No

Modify existing user to LAC status:

Newly appointed LAC User Name: _____

User ID: _____ SID: _____

If the new LAC is not already entered in the LEADS Configurator, supply the following additional data for the new LAC:

LEADS Certification Level: _____ Expiration Date: ____/____/____

LASO (LEADS Agency Security Officer)

Name: _____ Title: _____

Email Address: _____ Telephone: _____

NAC (NDex Agency Coordinator)

Name: _____ Title: _____

Email Address: _____ Telephone: _____