**BUREAU OF EARLY CHILDHOOD SERVICES  
NOTICE TO EXPUNGE ASSOCIATED FINGER CARDS**

Please expunge the following person:

Name:

**«FullName»**

Address:

**«FullAddress»**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Termination Date:  **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | Gender:  \_\_\_M \_\_\_ F | DOB:  **«DOB»** |  |  |

«Facility»

Name and address of Regional Office:

**Long Island Regional Office,  
250 Veteran’s Highway, Suite 2A-20 Hauppauge, New York 11788**

Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCOPE STUDENTS SERVICES: (631) 360-0800 Ext. 132, 126, 156, 165, \_\_\_\_\_

**This form should be submitted to your licensing representative or registrar**