



I hereby certify that I have reviewed this record and have determined that there is sufficient verification and documentation to update/modify the record as requested above.

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**LWIA System Administrator**

**Signature**

**Date:**

**Section below for State Administrator Staff :**

**Correction Request Received:**

/ /
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**State Administrator Staff**

**Signature**

**Date**

**Request Status:**

<input type="checkbox"/>	<b>Approved</b>	<input type="checkbox"/>	<b>Denied</b>	<input type="checkbox"/>	<b>Returned for Clarification</b>
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**Request Process Date:**

/ /
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**Action:** \_\_\_\_\_

**Additional Comments:**