

	Maryland State Department of Education/Office of Child Care Child Care Subsidy Program APPEAL WITHDRAWAL REQUEST	Return To: CCS Central PO Box 17015 Baltimore, MD 21297
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We were notified that you no longer wish to appeal for a fair hearing with the Office of Administrative Hearings. A signed withdrawal request is required before we can withdraw your hearing appeal. Please sign this form and return it to the address above.

Section 1 General Information	
First Name:	Last Name:
Date of Birth (DOB):	Contact Phone Number:
Social Security Number (SSN) (Optional):	

Section 2 Signature	
By signing, I declare that I wish to withdraw my appeal for a fair hearing with the Office of Administrative Hearings.	
Signature	Date
<i>This appeal withdrawal request will not be processed if the form is not signed.</i>	