



Data Removal Authorization

PROCARE SOFTWARE
1 West Main St., Ste
201 Medford, OR 97501
800-338-3884

Your Name: _____

Company Name: _____

Business Address: _____

Business Phone #: _____

Contact Person (if different): _____

Email Address: _____

Installation Key Number: _____

By executing this document, I authorize Procare Software to remove my data from Procare Software.

REQUIRED – SELECT ONE:

I authorize Procare Software to remove my data from ALL schools.

I authorize Procare Software to remove my data from the following schools: _____

Signature: _____ **Date:** _____

IMPORTANT:

- Once this Authorization is received by Procare Software, allow **24-48 hours** for data removal.
- ALL PROCARE USERS **must remain logged out** of Procare while this procedure is completed. This includes closing any Time Clock and Check In/Out programs.

Return signed Agreement by FAX: 541-858-7008 or **email:** tech@procaresoftware.com

Office Use Only: Customer #: _____ Date: _____ Initials: _____
