



GENERAL INFORMATION

THIS DOCUMENT DOES NOT REPLACE THE REQUIREMENT FOR YOU TO SUBMIT THE APPROPRIATE APPLICATION FOR SUBSTANTIVE CHANGES, AS REQUIRED PURSUANT TO CEC §94893 - §94896 and 5, CCR §71500 - §71660.

| | | |
|--|-------------------|------------------------------|
| PLEASE COMPLETE ALL THE INFORMATION IN THIS FORM: | | |
| Institution Information | | |
| Institution Name: | | |
| Physical Address: | Institution Code: | School Code: |
| ----- Mailing Address: | | |
| Email Address: | | Phone Number: Fax Number: |
| Website Address: | | |
| Institution Contact/Designee | | |
| Name: | | |
| Email Address: | | |
| Physical Address: | | Phone Number: |
| Custodian of Records | | |
| Name: | | |
| Email Address: | | |
| Address where records are kept: | | Phone Number: |

If your designated Agent for Service of Process has changed, please refer to CCR section 74190 for instructions on how to update this information.

To the best of my knowledge, I declare that the information submitted is true and correct.

 Owner/Institution Contact/Authorized Person Signature

 Date

 Printed Name and Title