



Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY
Date Stamp _____

SAIL application # _____

Application fee _____ Date _____

School Code _____

Revenue Code **1257009U / 1257009V** _____

Application for Change of Name

(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71630)

☐ **Approved Institution \$500.00 non-refundable fee**

☐ **Institution Approved by means of Accreditation \$250.00 non-refundable fee**

1. INSTITUTION

Name of Institution: _____

School Code: _____

Address: _____

City _____

State _____

Zip _____

Phone Number: _____

Fax Number: _____

2. INSTITUTION'S CONTACT PERSON (for this application)

Name _____

Email Address _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____

Fax Number _____

If this institution is approved by means of accreditation skip to #7

Attached is a certified copy of the current verification of accreditation granted by the accrediting agency. ☐

3. PROPOSED NEW NAME

Name _____

4. REASON FOR PROPOSED NAME CHANGE

Include a detailed explanation of the reasons for the proposed change in name.

Document is attached: ☐ Yes ☐ No

5. ADVERTISEMENT

Include copies of advertising and other statements to be disseminated to the public in any manner by the institution or its representatives that announce or use the proposed name.

Document is attached: ☐ Yes ☐ No (If no, please explain)

6. ADDITIONAL INFORMATION

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau's decisions to grant an approval.

Document is attached: ☐ Yes ☐ No

7. DECLARATION UNDER PENALTY OF PERJURY

This application shall be signed with original or digital signature by the following:

- Each owner of the institution, or each partner in a partnership, or
- If the institution is incorporated, by the chief executive officer or president of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
- If the institution is a nonprofit corporation or a public institution, by the chief executive officer or president.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Owning _____ % of Ownership

Member, Board of Directors _____

General Partner _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Owning _____ % of Ownership

Member, Board of Directors _____

General Partner _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Owning _____ % of Ownership

Member, Board of Directors _____

General Partner _____

Attach Additional Sheet(s) if Necessary



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Bureau for Private Postsecondary Education (Bureau) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form in accordance with the following: Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 480, Education Code sections 94885 and 94887, Title 5 California Code of Regulations section 71110 through 71340, 71390, 71395, 71396, 71480, 71500, 71550, 71630, 71640, 71650, 71652, 71653, and the Information Practices Act (Civil Code section 1798 and following). The Bureau uses this information, in accordance with DCA's **Privacy Policy**, principally to identify and evaluate applicants for approval to operate a postsecondary educational institution, renew approvals, make substantive changes, verify exemptions, and enforce standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The Bureau cannot consider your application unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the Bureau contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or for access to your records, contact Bureau for Private Postsecondary Education at 1747 North Market Blvd., Suite 225 Sacramento, CA 95834, by (888) 370-7589, or by email at bppe@dca.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.