

New York State Education Department
 Bureau of Proprietary School Supervision
 99 Washington Avenue, Room 1613 OCP
 Albany, New York 12234
 (518) 474-3969

Checklist for Completing School Name Change

School Name:	
SED Code(s):	
New School Name:	
School Address:	
School City and Zip Code:	
Telephone Number:	
Email Address:	
(For Bureau Use Only) Reviewed by:	Date:

This checklist must be submitted, **in duplicate**, with **two (2) copies** of all required documents as indicated below for approval of the new name. Failure to submit this checklist may delay the processing of your submission. Please indicate that the items below are included with this submission by placing an "X" in the designated column.

	"X"	SCHOOL USE	BUREAU USE
1.		Copy of an amended Waiver of Consent from the Education Department's Office of Counsel	Yes No
2.		Copy of the Certificate of Assumed Name with filing receipt	Yes No
3.		Listing of active personnel (directors, instructors, agents) including license/certificate numbers. Include and label two (2) 1" x 1" photos of each agent.	Yes No
4.		Administrative Forms (school catalog and enrollment agreements and any other forms containing school name)	Yes No

 Signature of School Director/Owner

 Date

 Name of School Director/Owner

 Date