

NOTIFICATION OF INFORMATION CHANGE

Please fax the completed form to:

Massachusetts Department of Elementary and Secondary Education
Attn: Kerrie Anastas
FAX #: 781-338-6850

Please check off each one that applies for this request and fill out only the necessary fields below.

School/Program Name Grade Configuration Contact information Head of Organization

***Fields with an asterisk are required fields for all requests.**

*Today's Date: _____ *Contact name – person completing the form: _____

*Tel. #: _____ *Email address: _____

*District/Organization code: _____ *District/Organization name: _____

*School/Program code: _____ *School/Program name: _____

School/Program Name Change:

Previous name: _____

New name: _____

Grade Configuration Change (please list all grades):

Previous grade configuration: _____

New grade configuration: _____

Contact Information Change:

Physical Address: _____

Mailing Address (if different than physical address): _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Head of Organization Change (* = REQUIRED FIELD FOR FOLLOWING SECTION):

Previous Head of Org: _____

*New Head of Org: _____ Certification # (if applicable): _____

*New Head of Org Email: _____ *New Head of Phone #: _____

***Superintendent's/Director's Signature** _____