



ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION

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FORM 2060

CHANGE IN NAME, MAILING ADDRESS, AND/OR LOCATION OF SCHOOL

PROPOSED EFFECTIVE DATE _____

CURRENT INFORMATION

NAME OF SCHOOL _____

ADDRESS (LOCATION) _____

ADDRESS (MAILING) _____

ADMINISTRATIVE OFFICIAL AT THIS SITE _____

TELEPHONE NUMBER _____ TOLL FREE NUMBER _____

FAX NUMBER _____ E-MAIL ADDRESS _____

WEBSITE _____

NEW INFORMATION

NAME OF SCHOOL _____

ADDRESS (LOCATION) _____

ADDRESS (MAILING) _____

ADMINISTRATIVE OFFICIAL AT THIS SITE _____

TELEPHONE NUMBER _____ TOLL FREE NUMBER _____

FAX NUMBER _____ E-MAIL ADDRESS _____

WEBSITE _____

If this form is being completed for a change in location attach a copy of the FLOOR PLAN (does not have to be drawn to scale) AND FIRE INSPECTION REPORT for the new location that has been completed within the past six (6) months. Schools offering programs held in public meeting facilities are exempt from this requirement.

Typed Name of Official Title

Signature of Official Date

BOARD USE ONLY CK OR MO# DATE OF CK/MO REC'D \$