

**CHANGE FORM**

**Local Education Agency**

**Foster Care Point of Contact**

Upon completion, please email this form to:

Daniela Romero- [daniela.romero@ped.nm.gov](mailto:daniela.romero@ped.nm.gov)

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| --- | --- |
| Name of LEA (District or State Charter School): |  |
| Name of New Point of Contact (POC): |  |
| New POC’s Title: |  |
| New POC’s Email: |  |
| New POC’s Phone Number: |  |
| Date the Change Goes Into Effect: |  |
| Signature of New POC |  |
| Signature of Superintendent/ Charter School Director |  |