

**State of New Mexico**

**Public Education Department**

**CHANGE OF SCHOOL NAME, ADDRESS, and/or PHONE NUMBER NOTICE**

 **REVISED: 06.26.2023**

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***PLEASE CHECK OFF THE BOX/ES OF CHANGE REQUEST/S:* Date:**

*Include Full Eight-Digits*

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| --- | --- | --- |
| **School Name** | **School Address** | **School Phone No.** |
|[ ] [ ] [ ]

 **STARS School Code (District Code & Location Code):**

*Include Full Six-Digits*

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|  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent/Head Administrator of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Enter Name)* *(Print Full Name of District or Charter School)*hereby notify the Public Education Department of a recent school name change: |

|  |  |
| --- | --- |
| **Former School Name and Address***Please include city and zip code below* | **New School Name and Address***Please include city and zip code below* |
| *Name:* |  | *Name:* |  |
| *Address:* |  | *Address:* |  |
| *City & Zip:* |  | *City & Zip:* |  |

|  |  |
| --- | --- |
| **Former School Phone Number***Please include area code* | **New School Phone Number***Please include area code* |
| 505-000-0000 | 505-000-0000 |

Requestor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach relevant board-approved board resolution and/or approved board minutes authorizing name change.*

**Return Form via Mail to: or Return Form via Email to:**

NM Public Education Department Waivers.PED@state.nm.us

Attn: Waivers

300 Don Gaspar Ave.

Santa Fe, NM 87501