



Change in Director Contact Information

School Information

School Number: _____ School Type: _____

School Name: _____

City: _____ State: _____ Zip Code: _____

Previous School Director Information

Salutation: _____ Title: _____

Full Name: _____

New School Director Information

Salutation: _____ Title: _____

Full Name: _____

Email: _____ Phone: _____

Website: _____ Fax: _____

Website Directory Email: _____

Date of Official Director Change: _____

Satellite Information

(If your campus has a satellite, please enter information below.)

Satellite School Number: _____

School Name: _____

City: _____ State: _____

Signature: _____ Date: _____

****Please upload this form to the College360 portal. If you should have any questions, please contact Glenda Ward via email: gward@accsc.org****