



**NEW YORK STATE EDUCATION DEPARTMENT  
REQUEST TO  
CHANGE THE NAME OR LOCATION  
OF AN EXISTING SCHOOL**

**FORM C**

Note: The district must complete this form for ANY school changing its name or location.

<b>School District:</b>	
<b>Current Name of School:</b>	
<b>Current BEDS Code:</b>	
<b>Current Building/Facility Code:</b> Found on the Certificate of Occupancy:	
<b>Current School Address:</b>	

<b>Contact Person:</b>	<b>Phone Number:</b>	<b>Email:</b>

Please indicate the new name of the school and/or the new location. Is the school with the new name and/or location changing its current BEDS code?

Yes    No

*If yes, please complete an addendum for a New School (Form A) instead.*

<b>New Name of School:</b>	
<b>School Address:</b> <input type="checkbox"/> <b>Same as above.</b> No further information needed.  <input type="checkbox"/> <b>Changed.</b> Indicate new information.	
<b>Facility Code:</b> <i>Only if the address has changed.</i>	