

# Arkansas Division of Higher Education

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## FORM 2025 CHANGE IN NAME, LOCATION, OR CLOSURE OF LOCATION

*Includes Traveling Schools*

Fees are only for a change in name (not location) and are based on the program with the most expensive tuition. (No fee is charged for the closure of a location.) Contact ADHE for the fee amount.

<b>CURRENT</b>	
NAME OF SCHOOL	
ADDRESS (LOCATION)	
ADDRESS (MAILING)	
TELEPHONE	
E-MAIL ADDRESS	
WEBSITE	
SCHOOL CONTACT	
DATE OF CLOSURE (IF APPLICABLE)	

<b>NEW</b>	<b>(Complete all information that has changed.)</b>
NAME OF SCHOOL	
ADDRESS (LOCATION)	
ADDRESS (MAILING)	
TELEPHONE	
E-MAIL ADDRESS	
WEBSITE	
SCHOOL CONTACT	
CONTACT'S E-MAIL ADDRESS	

FIRST DATE IN NEW LOCATION	
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**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete and accurate.

Printed Name of Official		Title	
Signature of Official		Date	