



State Authorization Reciprocity Agreement (SARA) Institutional Change of Contact Request Form

Participating institutions are responsible for notifying the State Portal Entity (SPE) immediately of any changes to the primary, secondary, billing, data reporting or signatory officer staff contact information*.

Do not contact the National Council for State Authorization Reciprocity Agreements (NC-SARA) directly for changes in institutional contact information. As the designated SPE, the State Council of Higher Education for Virginia (SCHEV) will update its records and notify all internal/external stakeholders of the staffing changes. This process assures the appropriate institutional contacts are receiving NC-SARA, Southern Regional Education Board (SREB), State Authorization Network (SAN), and SCHEV communications. To authorize the request, the Signatory Officer (Chief Executive Officer/President or Chief Academic Officer/Provost) should complete, sign and submit the completed form to Virginia-SARA@schev.edu.

**Note:* Additional information about SARA institutional contact roles can be found in the *Application and Approval Form for Institution Participation in SARA*, available on [NC-SARA's website](#) or by clicking the hyperlinked institution contact title below.

<u>Primary SARA Contact</u>	Role(s)
Name: Title: Direct Phone Number (include extensions): Email Address:	<input type="checkbox"/> CEO / CAO <input type="checkbox"/> Additional Billing Contact <input type="checkbox"/> Authorized Signatory Contact
<u>Secondary SARA Contact</u>	Role(s)
Name: Title: Direct Phone Number (include extensions): Email Address:	<input type="checkbox"/> CEO / CAO <input type="checkbox"/> Additional Billing Contact <input type="checkbox"/> Authorized Signatory Contact
<u>Primary Billing Contact</u>	Role(s)
Name: Title: Direct Phone Number: Email Address:	<input type="checkbox"/> CEO / CAO <input type="checkbox"/> Additional SARA Contact <input type="checkbox"/> Authorized Signatory Contact
<u>Data Reporting Contact</u>	
Name: Title: Direct Phone Number: Email Address:	
<u>Signatory Officer Contact and Authorization</u>	
Signatory Officer Typed Name: Signatory Officer Title: <input type="checkbox"/> Chief Academic Officer (CAO) <input type="checkbox"/> Chief Executive Officer (CEO) Signatory Officer Email: Signatory Officer Phone:	
Signatory Officer Signature: _____ Date: _____	