

Office for Career and Technical Schools Orientation Verification

School Information

Name: _____

ID Number: _____
Located on the Determination of Status Letter

Address: _____
Street Address *Unit/Suite #*

_____ _____
City *State* *Zip Code*

Phone Number _____

Email Address: _____

Individual Representing Institution (Proprietor/School Administrator)

Full Name: _____
Last *First* *M.I.*

Title: _____

Address: _____
Street Address *Unit/Suite #*

_____ _____
City *State* *Zip Code*

Phone Number: _____

Email Address: _____

By submitting this form, I confirm that I completed the orientation and understand the responsibilities and processes regarding submitting an application to the Office for Career and Technical Schools (OCTS). I further confirm that I am the proprietor and/or school administrator and have the responsibilities to inform any staff involved in the application process of the responsibilities and process regarding submitting a completed application. I certify that, under the penalty of perjury, the information I have provided is complete, true and correct to the best of my knowledge and belief.