



Oregon

Tina Kotek, Governor

Higher Education Coordinating Commission

Office of Academic Policy and Authorization

Private Career Schools Licensing Unit

3225 25th Street SE

Salem, Oregon 97302

www.oregon.gov/HigherEd

Teacher Change Form

Registered teachers, please notify the Higher Education Coordinating Commission (HECC) in writing within 30 days of any change of teaching locations, mailing or email address or legal name change. This form is to assist you in notifying the HECC Private Career School's Licensing Unit of your intention to relocate or change your legal name or address.

☐ Teaching location change ☐ Mailing/email address change ☐ Legal name change

Teacher's Name: _____ Effective Date: _____

Previous information to be changed <i>(enter all that apply)</i>	
Former School Name	
Former Mailing Address	
Former Email:	
Former Legal Name	

New Information <i>(enter all that apply)</i>	
School now teaching at: Current School Name	
Current Mailing Address:	
Current Email:	
Current Legal Name: <i>(Please provide proof of legal name change)</i>	

If you are teaching at a new school, the school Director must sign below ▼:

_____ Signature of Teacher	_____ Date	_____ Signature of New School Director	_____ Date
_____ Type name of Teacher		_____ Type Name of New School Director	

Once you have completed the form, included your name change documentation, submit to:

HIGHER EDUCATION COORDINATING COMMISSION

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