



## Religious Exemption Institutional Update Form

Institutional Information			
Institution Name:			
The information that requires an update : <input type="checkbox"/> Institution Address <input type="checkbox"/> Institution Name <input type="checkbox"/> Institution Phone Number <input type="checkbox"/> Primary Contact Information <input type="checkbox"/> Institution Website Address <input type="checkbox"/> Other			
Previous Information			
Previous Institution Name			
Previous Institution Address:			
Previous Institution Phone Number: (    )		Previous Institution Fax Number: (    )	
Previous Institution Website Address			
Previous Primary Contact Name		Previous Primary Contact Title	
Previous Primary contact email address			
New Information			
New Institution Name			
New Institution Address:			
New Institution Office Number: (    )		New Institution Fax Number: (    )	
New Institution Website Address:			
New Primary Contact Name		New Primary Contact Title	
New Primary Contact email address			
If the other box was checked above, please provide description of the update/change here.			

### Disclaimer and Signature

Person Submitting this Application		Title:	
Direct Telephone Number		Email:	

I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that false or misleading information may result in the denial of my request.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Mail form to:  
State Council of Higher Education for Virginia  
ATTN: Private and Out-of-State Postsecondary Education  
101 N. 14<sup>th</sup> Street, 9<sup>th</sup> Floor  
James Monroe Building  
Richmond, VA 23219

**SCHEV Use Only:**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Comments: