



Religious Exemption Institutional Update Form

Institutional Information - Form must be typed. Handwritten forms will be returned unprocessed.

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 - Enter ONLY information which has been modified/updated.

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 Postsecondary Education
101 N. 14th Street, 9th Floor
James Monroe Building
Richmond, VA 23219

SCHEV Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Comments: