



Information Change Notification Form

Participants must notify the Consortium for Early Learning Services if there has been a change in your information. Please complete and submit this form by mail, in person or by fax. Faxes are accepted **only** during regular business hours, which are Monday through Thursday, 7:30 a.m. to 5:30 p.m. To protect your security, notify the Consortium staff that you are sending a fax by calling our office at the number provided above.

Last Name:	First Name:
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Old/Previous Information

Home Street Address or P.O. Box:	Apartment #:
City & State:	Zip Code:
Home Telephone Number: ()	Mobile Telephone Number: ()
Email:	

New Information

Last Name:	First Name:
Home Street Address or P.O. Box:	Apartment #:
City & State:	Zip Code:
Home Telephone Number: ()	Mobile Telephone Number: ()
Email:	

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge.

Participant's Signature

Date