

State Authorization Request Form

*This form is to be used by schools who wish to be designated by the Board as a postsecondary institution.
Submit a complete and notarized form to the Board office address listed above.
Certification and signatures must be original; photocopies are not accepted.*

School Information

8/2017

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|---|--|
| School Legal Name <i>Corporation, LLC, etc.</i> | Assumed Name/DBA Name <i>DBA = Doing Business As</i> |
| School Street Address <i>Include suite #, P.O. Box if applicable</i> | City, State, Zip Code |
| School Phone Number | School Email Address |
| School License Number <i>BCE-issued license number</i> | School License Expiration Date <i>On BCE-issued license</i> |

Certification

The school's owner, Designated School Manager (DSM) or authorized signatory must initial both statements below, certifying each, and provide the school's license number issued by the Minnesota Office of Higher Education:

_____ *This school only admits individuals who have obtained a high school diploma, a general educational development certificate (GED) or a recognized equivalent of a high school diploma (RED) as identified in Code of Federal Regulations, title 34, section 600.2.*

_____ *This school is licensed and authorized by the Minnesota Office of Higher Education to offer one or more training programs beyond the secondary level.*

School's license number issued by the Minnesota Office of Higher Education: _____

Printed Name of the Individual who Completed this Certification: _____

This individual must provide an original and notarized signature below.

Printed Name of Individual who Completed the Certification Section Above: _____

Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____

Date: _____

Commission Expiration: _____

Notary Seal: _____

| | | | |
|------------------------------|---------------------|------------|----------------------|
| For Board Office Use Only | Date Form Received: | Processor: | Date Form Processed: |
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