



**NEW YORK STATE EDUCATION DEPARTMENT
REQUEST TO
CHANGE THE NAME OR LOCATION
OF AN EXISTING SCHOOL**

FORM C

Note: The district must complete this form for ANY school changing its name or location.

School District:	
Current Name of School:	
Current BEDS Code:	
Current Building/Facility Code: Found on the Certificate of Occupancy:	
Current School Address:	

Contact Person:	Phone Number:	Email:

Please indicate the new name of the school and/or the new location. Is the school with the new name and/or location changing its current BEDS code?

☐ Yes ☐ No

If yes, please complete an addendum for a New School (Form A) instead.

New Name of School:	
School Address: <input type="checkbox"/> Same as above. No further information needed. <input type="checkbox"/> Changed. Indicate new information.	
Facility Code: Only if the address has changed.	