



# PERKINS CONSORTIUM MEMBERSHIP CHANGE FORM

Department of Career and Technical Education

The following is applicable for fiscal year \_\_\_\_\_ (July 1-June 30)

## ☐ Section 131 Secondary

☐ Opting out of Perkins

☐ Amend Consortium (An updated Consortium Agreement required)

☐ Add Member ☐ Delete Member ☐ Disband

Name	Name
Name	Name

## ☐ Section 132 Postsecondary

☐ Opting out of Perkins

☐ Amend Consortium (An updated Consortium Agreement required)

☐ Add Member ☐ Delete Member ☐ Disband

Name	Name
Name	Name

☐ **Official Consortium Name Change** – Provide new information below and attach new W-9 form

### Consortium Information:

Current Name	New Name
Mailing Address	
Check Applicable Status: <input type="checkbox"/> Sec. 131 - Secondary <input type="checkbox"/> Sec. 132 - Postsecondary	

### Fiscal Agent:

Name	Email Address	Phone Number
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### Requested By:

Name	Title	Signature	Date
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### CTE Approval:

Name Wayde Sick	Title State Director/Executive Officer	Signature	Date
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Email completed form to: [cte@nd.gov](mailto:cte@nd.gov) by February 1