



REGISTRATION INFORMATION CORRECTION FORM

If there are errors on your Admission Ticket or you need to correct information that you provided on your Registration Form, enter the appropriate information on this form and mail or fax it to the CHSPE Office. Information you provide on this form will become part of your registration record and will completely replace any information you provided previously. See page 13.

Mail or fax the completed form to:

Fax to: 916-228-2665

If using U.S. Postal Service, mail this completed form to:

CHSPE Office
Sacramento County Office of Education
P.O. Box 269003
Sacramento, CA 95826-9003

If using another delivery service, such as FedEx, UPS, etc., mail this completed form to:

CHSPE Office
Sacramento County Office of Education
10150 Missile Way
Mather, CA 95655

Current Registration Information

CHSPE ID #
(if known)

Name: (Please print clearly.)

Last Name

First Name

Middle Initial

Date of Birth: / /

New Information: Enter *only* items that need correction.

Legal Name: (Please print clearly.)

Last Name

First Name

Middle Initial

Daytime Phone:

Fax*:

E-mail*:

Mailing Address: (Please print clearly.)

P.O. Box or Street Address

City

State

ZIP Code

School: (if currently enrolled)

District: (if currently enrolled)

Student ID Number: (if enrolled in a public school)

I certify that the information provided on this form is accurate to the best of my knowledge and that I am the person whose name and signature appear on this form. I have read and am familiar with the processes governing the CHSPE as they appear in the Information Bulletin. I understand that incomplete, inaccurate, or missing information on this form may delay or jeopardize my registration or results.

Signature of Registrant (required): _____ **Date** _____

*if available