

## CTP VOUCHER – UNIVERSITY/COLLEGE NAME CHANGE FORM

**Please allow 48 HOURS for your request to be processed**

### APPLICANT INFORMATION:

Last Name:	First Name:
File Number:	Social Security Number (Last 4 digits):
Telephone Number:	DOE Email Address:

### CURRENT VOUCHER INFORMATION:

School Name:	Semester:	Year:
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Please be advised that I will no longer be attending \_\_\_\_\_ and I understand that the New York City Department of Education is **NOT** financially responsible to cover any expenses to this college on my behalf.

### UPDATED VOUCHER INFORMATION:

I would like to have my CTP voucher application updated to reflect that I will now be attending:

College/Univeristy:	Semester:	Year:
Signature of Applicant:	Date:	

**Signed and completed forms should be returned via:**

**Fax:** (718) 935-4262, ATTN: CTP Voucher Name Change Request,

**OR**

**Email:** [CareerTraining@schools.nyc.gov](mailto:CareerTraining@schools.nyc.gov), Subject Line: CTP Voucher Name Change Request

### FOR OFFICIAL USE ONLY:

Voucher Updated: [ ] Yes [ ] No	Date Voucher Re-Issued:
Application Status:    Approved: [ ]	Denied: [ ]
Remarks:	
Processed by:	Date: