

**Mississippi Commission on  
College Accreditation  
3825 Ridgewood Rd., Jackson, MS 39211**

**Notification of Change - Institution SARA Contact(s)**  
*Note: Institutions must have at least two institution SARA contacts.*

**Institution Name:** \_\_\_\_\_

**ADD/EDIT:**

<i>Name of SARA Contact (Type or Print)</i>	<i>Name of SARA Contact (Type or Print)</i>
<i>Title</i>	<i>Title</i>
<i>Telephone</i>	<i>Telephone</i>
<i>Email</i>	<i>Email</i>
<i>Address</i>	<i>Address</i>
<i>CSZ</i>	<i>CSZ</i>
<i>Role (Primary Contact, Billing Contact, DATA Reporting, President/Provost)</i>	<i>Role (Primary Contact, Billing Contact, DATA Reporting, President/Provost)</i>

**REMOVE:**

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<i>Name of SARA Contact (Type or Print)</i>	<i>Name of SARA Contact (Type or Print)</i>
<i>Title</i>	<i>Title</i>
<i>Telephone</i>	<i>Telephone</i>
<i>Email</i>	<i>Email</i>
<i>Address</i>	<i>Address</i>
<i>CSZ</i>	<i>CSZ</i>
<i>Role (Primary Contact, Billing Contact, DATA Reporting, President/Provost)</i>	<i>Role (Primary Contact, Billing Contact, DATA Reporting, President/Provost)</i>