



NOTIFICATION OF AGENT TERMINATION

State Form 20561 (R5 / 8-16)

OFFICE FOR CAREER AND TECHNICAL SCHOOLS

INSTRUCTIONS: Fill out the information listed below when an agent(s) is no longer employed at your institution.

Name of institution

Location of institution (number and street, city, state, and ZIP code)

NAME OF AGENT	DATE OF TERMINATION (month, day, year)	AGENT PERMIT CARD ENCLOSED

If the Agent Permit Card(s) cannot be returned for _____
_____, provide below a notarized statement certifying this.

WE ARE UNABLE TO RETURN THE AGENT PERMIT CARD(S) FOR THE FOLLOWING REASON:

Signature Printed name

Official capacity

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, _____.

My Commission expires (month, day, year): Signature of notary

County of residence Printed name of notary