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**CAHSEE Coordinator Designation and Contact Information  
2010–2011 School Year**

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Mail, fax or E-mail completed form with signature by July 2, 2010 to: CAHSEE Support, 2731 Systron Drive, Concord, CA 94518, Fax: 925-808-2156, E-mail: [cahsee-support@ets.org](mailto:cahsee-support@ets.org)

<b>LEA (e.g. district) Name:</b>	<b>County District code:</b> -	<b>Charter Schools ONLY</b> <input type="checkbox"/> Check this box if this school will operate independently from its chartering district for assessment purposes and will be responsible for all aspects of administering the CAHSEE. <b>Charter number:</b>
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Verify accuracy of CAHSEE coordinator and contact information.

<b>Designated CAHSEE Coordinator:</b>			
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>	<b>Phone:</b>	<b>Fax:</b>	

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Verify accuracy of shipping address.

<b>Shipping Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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Complete this section if you have a new CAHSEE coordinator or your mailing or shipping address has changed.

**New Designee:**

<b>Designated CAHSEE Coordinator:</b>			
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>	<b>Phone:</b>	<b>Fax:</b>	

**New Shipping Address:**

<b>Shipping Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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By signing this form, I have verified the information above to be accurate.

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**Print Superintendent's Name                      Superintendent's Signature                      Date**

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**Print CAHSEE Coordinator's Name      CAHSEE Coordinator's Signature                      Date**

Return this form with the Test Security Agreement form included in this packet.