

JRJ CHANGE OF INFORMATION FORM

This form must be submitted if the Recipient of JRJ funds experiences a program change as outlined in the Certified Assurances.

**JOHN R. JUSTICE (JRJ) PROGRAM
Change of Information Form**

Beneficiary Name: _____

Contract Number: _____

Please complete only the sections with applicable changes from your approved contract:

BENEFICIARY INFORMATION:

Mailing/Street Address: _____

City/State/Zip Code: _____

E-Mail Address: _____

LOAN INSTITUTION INFORMATION:

Name: _____

Federal Tax ID #: _____ DUNS #: _____

Mailing/Street Address: _____

City/State/Zip Code: _____

Contact Person: _____

Telephone: _____ Fax: _____

EMPLOYMENT INFORMATION:

Employer's Name: _____

Mailing/Street Address: _____

City/State/Zip Code: _____

Supervisor's Name & Title: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Other Changes:

Include any other changes not identified above for which Office of Public Advocacy should be notified.

For changes in job descriptions, position status, etc, please attach appropriate documentation.

Signature: _____ Date: _____