

REVOCATION HISTORY

(This form is to be completed by the Chief Fiscal Officer.)

If applicable, indicate below any record of prior involvement by any principal, officer, or director with a school whose certificate has been revoked or privilege to operate an occupational school has been cancelled in Connecticut or any other state.

If not applicable, mark here .

If applicable indicate:

Present or Proposed position _____

Name of Persons _____

Name of School _____

Full address of School _____

Date of revocation _____

Capacity, at that school, in which you acted
(position) _____

Reason for revocation: _____

Signature: _____ Date: _____