|  |  |
| --- | --- |
|  | Oklahoma SARA Institution Contacts |
|  | Change Form |

# **Institution Name: Click or tap here to enter text.**

|  |  |
| --- | --- |
| **New Institutional Contact 1** | |
| 1. Mr/Ms/Dr: Click or tap here to enter text.  2. Title: Click or tap to enter a date.  3. First and Last Name: Click or tap here to enter text.  4. Email address: Click or tap here to enter text.  5. Phone Number: Click or tap here to enter text. | 6. Role of the Contact:  Please check all that apply\*.  Primary Contact  Secondary Contact  Data Report Recipient  Billing Contact  Named on Invoice |

|  |  |
| --- | --- |
| **New Institutional Contact 2** | |
| 1. Mr/Ms/Dr: Click or tap here to enter text.  2. Title: Click or tap to enter a date.  3. First and Last Name: Click or tap here to enter text.  4. Email address: Click or tap here to enter text.  5. Phone Number: Click or tap here to enter text. | 6. Role of the Contact:  Please check all that apply\*.  Primary Contact  Secondary Contact  Data Report Recipient  Billing Contact  Named on Invoice |

|  |
| --- |
| **Remove These Old Contacts** |
| 1. Name: Click or tap here to enter text.  2. Name: Click or tap to enter a date.  3. Name: Click or tap here to enter text.  4. Name: Click or tap here to enter text.  5. Name: Click or tap here to enter text. |

## **Use additional forms or copy and paste this form for additional contacts.**

## **\*Explanation of Roles**

1. Primary Contact. Receives all emails from NC-SARA to the institution.
2. Secondary Contact. A backup for the Primary Contact, this person also receives all emails.
3. Billing Contact. This person receives emails to do with the institution’s payment, including the invoice email, confirmation of payment, and any other emails relevant to the bill or invoice.
4. Data Report Recipient. This person will receive emails relative to the annual data report.
5. Named on Invoice. This person’s name will appear on the invoice. If this person also wants to receive emails, they must also be designated as an appropriate contact.

## **Questions and Submission of Application**

Contact Ms. Elizabeth Walker ([lwalker@osrhe.edu](mailto:lwalker@osrhe.edu)) with any questions.

Submit completed form to Ms. Elizabeth Walker, [lwalker@osrhe.edu](mailto:lwalker@osrhe.edu). Do **not** submit this form to NC-SARA. They will reply with an email requesting you send it to your State Portal Entity.