

Information Update Form

Please complete and return to us this form with both your signature and your director's signature, and please enclose a current pay stub to verify your hours worked and rate of pay. Our office address is: OCCRRA, 6660 Doubletree Ave., Suite 11, Columbus OH 43229. Or send directly to your counselor:

Tonya Ward email: tward@occrra.org ; direct fax 614-396-5963

Cathy Ryan email: cryan@occrra.org ; direct fax 614-396-5966



1. PERSONAL INFORMATION

Current Information on File	Make corrections below
Name:	
Social Security #:	
Registry OPIN#:	
Address:	
Home Phone:	
Work Phone:	
Other Phone(cell):	
E-mail address:	

Please complete this section to give us information about your employment status over the past year.

2. EMPLOYMENT STATUS

Center Name:
Center Address:
Your Current Position:
Number hours you work each week:
Current hourly pay:

3. EDUCATION INFORMATION

When do you expect to complete your degree?

I certify that the above information is complete and accurate to the best of my knowledge.

Signature of T.E.A.C.H. Scholar

Date

Director Signature

Date