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**Bobby Jindal**, Governor  
**Curt Eysink**, Executive Director

Office of Occupational Information Services

## Institutional Update Form

Please complete this form and email it to [crs@lwc.la.gov](mailto:crs@lwc.la.gov) or fax it to 225-219-7759.

### Section 1: Provider Information

1. Name of Institution: \_\_\_\_\_

2. Institutional Code: \_\_\_\_\_

### Section 2: Institutional Update Information

1. Change in Institution Name:	2. Change in FEID/EIN/SSN #

Please note that this form is for changes in name or identification number only. Training providers wanting to update LWC with other changes should log in with a provider HiRE account and select the "manage provider profile" option.

**Signature**

**Date**

LWC USE ONLY

Date Received:		Completed By:		Date Completed:	
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