



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 REAL ESTATE COMMISSION
 PO Box 328
 TRENTON, NJ 08625-0328

TEL (609) 292-7272
 FAX (609) 292-0944

School Closing Affidavit

Name of School: _____ Lic# _____

Address: _____

Alternate Locations (if Applicable): _____

_____ Lic#: _____

Director: _____ Lic# _____

Date of Closing _____

Pursuant to N.J.S.A. 11:5-2.2 (u) 1-2 i-vii, no later than 10 days after the date the school ceases operations, the Director shall return the school license, stamp and affidavit to the Commission. Within 30 days of closing, the Director shall submit the location of where the student's records are being stored for the 3 year time period. Notification to students must be properly handled and all signs, advertisements including websites must be removed and discontinued.

I certify that _____, is closing effect
 _____ and all proper procedures are and will be completed.

 Director Signature _____
 Date