Worksheet for Changes to OPP College Directory

Date: _____
Your Name & Position: _____

School: _____

Please use this space to explain what changes you feel need to be made. All changes must be approved by Kim Beale, Director of Educational Services. If you are filling out this form to include a new college, please include any information you may already have regarding the school. Thank you!

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please forward this document to

Pamela Lizotte
Certified Teacher

Our Piece of the Pie®, Inc.
331 Wethersfield Avenue
Hartford, CT 06114
860.761.7359
Fax: 860.947.3156

Pamela.Lizotte@opp.org