

# APPLICATION FOR CLOSING A SCHOOL

**GA Real Estate Commission & GA Appraisers Board**  
 229 Peachtree Street, N. E.  
 International Tower, Suite 1000  
 Atlanta, GA 30303-1605  
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<b>FOR OFFICE USE ONLY</b>
PMD:
Code:
Date Processed:

This application does not require a fee and may be faxed, mailed or emailed to the contact number and/or address above.

## SECTION 1

<b>School Name:</b>		<b>School Number</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>State</b>	
		<b>Zip Code</b>	
<b>Director's Name:</b>			

## SECTION 2

**Reason for Closing** (*check one*):

<b>Voluntary</b>		<b>Date</b>	
<b>Surrender</b>		<b>Date</b>	
<b>Other (specify)</b>		<b>Date</b>	

## SECTION 3

**Location of Records:**

All records of course examinations, texts and materials, attendance, instructor resumes, certifications/affidavits and records required by the Commission must be maintained for a period of Five (5) years at the location shown below.

<b>Street Address:</b>			
<b>City:</b>		<b>State</b>	
		<b>Zip Code</b>	
<b>Director's Name:</b>			
<b>Phone Number:</b>			

## SECTION 4

**Statement of School Director**

I, the undersigned school director, do hereby certify that all information in this application is true and correct to the best of my knowledge.

<b>Director's Signature</b>		<b>Date</b>	
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