



State of Utah
DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

RETURN FORM TO:

Division of Consumer Protection
160 East 300 South
Salt Lake City, Utah 84111
Phone: 801-530-6601
Fax: 801-530-6001

NAME AUTHORIZATION REQUEST FORM

Note: Utah Code § 13-34-114 of the Utah Postsecondary Proprietary School Act requires a person to obtain written consent from the Division to use the educational terms *Institute*, *Institution*, *College* or *University* in its business name. To obtain consent to use these educational terms a business must be: (a) registered under this Act, (b) exempted under this Act, or (c) does not engage in educational activities.

Requester's Information

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Website: _____

Business Name Requested: _____

Provide a written summary of the business plan or practices of the company. Attach additional information if necessary. If the business conducts educational or training activities, please explain the extent and nature of the educational activities. **Note:** Please review the Utah Postsecondary Proprietary School Act and Rules available at www.dcp.utah.gov and draft your request accordingly as you may be required to register under this Act to obtain consent to use the educational term.

Note: No school shall use the term college or university in its name unless it confers a standard college degree.

Should the business activities of your organization change at any time to include postsecondary education or training, additional registration with this office would then be required. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein is true and correct.

Signature: _____

Dated: _____