



OWNERSHIP/CONTROL DISCLOSURE FORM
Privately Held Corporation

750 First Street, NE, Suite 980
Washington, DC 20002-4241
TEL: (202) 336-6780
FAX: (202) 842-2593
www.acics.org

Name of Institution _____ ID Code _____

Name of Parent Corporation _____

Chief Executive Officer _____

Address of Parent Corporation _____

Telephone Number of Parent Corporation _____

Facsimile Number of Parent Corporation _____

Contact Name for Parent Corporation _____

E-mail Address _____

State of Incorporation _____

Fiscal Year End Date _____

1. Is this institution controlled by a subsidiary corporation? Yes _____ No _____
If yes, list name, address, telephone number, facsimile number, and CEO of subsidiary corporation.

2. Outline on a separate sheet of paper the exact ownership structure, including all levels of subsidiaries under the parent corporation.

3. Name, title, and address of corporate officer responsible for operations at this institution:

4. List the names and titles of all major stockholders (over 10%) and the percentage of stock held by each.

Name	Title	Percentage

5. List the names and titles of all corporate officers.

Name	Title

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I, the undersigned official of the above-named corporation, attest that the ownership information provided herein is complete and accurate and includes all information relevant to the ownership of the institution. I furthermore understand that any change in the above ownership structure must be communicated to the Council immediately.

Signature _____

Name (Typed) _____

Title _____ Date _____



OWNERSHIP/CONTROL DISCLOSURE FORM

Publicly Traded Corporation

750 First Street, NE, Suite 980
 Washington, DC 20002-4241
 TEL: (202) 336-6780
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 www.acics.org

Name of Institution _____ ID Code _____

Name of Parent Corporation _____

Address of Parent Corporation _____

State of Incorporation _____

Chief Executive Officer _____

1. Is this institution controlled by a subsidiary corporation? Yes _____ No _____
If yes, list name, address, and CEO of subsidiary corporation.

2. Outline on a separate sheet of paper the exact ownership structure, including all levels of subsidiaries under the parent corporation and any subsidiary corporations operating as branch campuses.

3. Name, title, and address of corporate officer responsible for operations at this school:

4. The stock is traded on the:
 NYSE _____ ASE _____ OTC _____ NASDAQ _____

Regional Exchange (please specify): _____

5. List the names, title, and voting status of all directors and officers of the parent corporation.

Name	Title	Voting (Yes/No)

I, the undersigned official of the above-named corporation, attest that the ownership information provided herein is complete and accurate and includes all information relevant to the ownership of the institution. I furthermore understand that any change in the above ownership structure must be communicated to the Council immediately.

Signature _____

Name (Typed) _____

Title _____ Date _____



OWNERSHIP/CONTROL DISCLOSURE FORM

Not-for-profit Corporation

750 First Street, NE, Suite 980
Washington, DC 20002-4241
TEL: (202) 336-6780
FAX: (202) 842-2593
www.acics.org

Name of Institution _____ ID Code _____

Name of Corporation _____

Address of Corporation _____

State of Incorporation _____

Chief Executive Officer _____

1. Has this corporation been officially recognized by the Internal Revenue Service as an exempt Organization under Section 501 (c)(3) of the IRS Code? *If yes, attach a copy of the determination letter.* Yes ____ No ____

2. List the names, titles, and voting status of all members and officers of the board of directors/trustees. Continue on additional sheet if necessary.

Name	Title	Voting (Yes/No)

I, the undersigned official of the above-named corporation, attest that the ownership information provided herein is complete and accurate and includes all information relevant to the control of the institution. I furthermore understand that any change in the above control structure must be communicated to the Council immediately.

Signature _____

Name (Typed) _____

Title _____ Date _____



OWNERSHIP/CONTROL DISCLOSURE FORM

Limited Partnership with Corporate General Partner

Name of Institution _____ ID Code _____

Name of Partnership _____

Chief Executive Officer _____

Address of Partnership _____

Telephone Number of Partnership _____

Facsimile Number of Partnership _____

Contact Name _____

E-mail Address _____

State of Registration _____

Fiscal Year End Date _____

1. Is this institution controlled by a subsidiary entity? Yes _____ No _____
 If yes, list name, address, telephone number, facsimile number, and CEO of subsidiary corporation.
2. Outline on a separate sheet of paper the exact ownership structure, including all levels of subsidiaries under the parent entity.
3. List the names and titles of all partners and the percentage of the of partnership interest held by each.

Name	Title	Percentage

4. Name, address, telephone and facsimile numbers of the Chief Executive Officer for the corporate general partner:

5. List the names titles of all stockholders in the corporate general partner and the percentage of stock held by each.

Name	Title	Percentage

6. List the names and titles of all officers of the corporate general parent.

Name	Title

I, the undersigned official of the above-named limited partnership, attest that the ownership information provided herein is complete and accurate and includes all information relevant to the ownership of the institution. I furthermore understand that any change in the above ownership structure must be communicated to the Council immediately.

Signature _____

Name (Typed) _____

Title _____ Date _____



OWNERSHIP/CONTROL DISCLOSURE FORM

Limited Liability Company

750 First Street, NE, Suite 980
Washington, DC 20002-4241
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www.acics.org

Name of Institution _____ ID Code _____

Name of Parent LLC _____

Address of Parent LLC _____

Chief Executive Officer _____

Telephone Number of Parent LLC _____

Facsimile Number of Parent LLC _____

Primary Contact Name for the Parent LLC _____

State of Registration _____

Fiscal Year End Date _____

1. Is this institution controlled by a subsidiary entity? Yes _____ No _____
If yes, list name, address, telephone and facsimile number, and CEO of subsidiary entity.

2. Outline on a separate sheet of paper the exact ownership structure, including all levels of subsidiaries under the parent LLC.

3. Name, title, and address of LLC officer responsible for operations at this institution:

4. List the names and titles of all ownership interest holders and the percentage of interest held by each. Continue on additional sheet if necessary.

Name	Title	Percentage

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5. List the names and titles of all company officers. Continue on additional sheet if necessary.

Name	Title

6. Please include a copy of the operating agreement or other governing document filed with the appropriate state agency to register the LLC.

I, the undersigned official of the above-named limited liability company, attest that the ownership information provided herein is complete and accurate and includes all information relevant to the control of the institution. I furthermore understand that any change in the above control structure must be communicated to the Council immediately.

Signature _____

Name (Typed) _____

Title _____ Date _____