



Documentary Heritage Program, New York State Archives  
9C71 Cultural Education Center, Albany, NY 12230

### Standard Data Capture Form

Please provide the following basic information so that your institution can be officially registered with the New York State Education Department.

**Legal Name of Institution** (as contained on a charter, license or other such document):

**Date Established** (the date or year that your institution was originally established):

**Physical Address** (the primary address where your institution is located):

**Street:**

**City:**

**State:** New York

**Zip code:**

**Mailing Address** (check here  if this address is the same as your physical address above)

**Street:**

**City:**

**State:** New York

**Zip code:**

**County of primary location** (county where primary address is located):

**Name of School District of primary location** (school district where primary address is located):

**Phone:** (      )      -

**Web URL:**

**Email address:**

**Name and Title of Chief Administrative Officer (CAO):**

**CAO's Phone:** (      )      -      **CAO's Fax:** (      )      -

**CAO's Email address:**

**Parent Organization** (if applicable):