

YEAR 25 SCHOOL DISTRICT INCOME VERIFICATION PROGRAM

SDIV FAX MEMO - FOR ADDRESS CORRECTION

DATE

SENT BY
SCHOOL DISTRICT NAME
CONTACT NAME
CONTACT EMAIL
CONTACT PHONE

SENT TO
SCHOOL DISTRICT NAME

PLEASE NOTE: We believe that the addresses on the following worksheet were **erroneously assigned** to our district in the School District Income Verification Program. For more information on the program, visit our [website](#).

Our corrections to addresses that fall within your school district are above.

- If you **agree** with this recommendation, indicate *Yes* in the *Accept* column.
- If you **do not agree** with this recommendation, indicate *No* AND spell out your recommended corrections in the *Alt. School Code* and *Alt. School Name* fields.

Please complete and email this memo to the above email address **within seven working days**. If you do not respond, we will add the recommended change to your district. Thank you.