

Dear Superintendent,

This form is to ensure that the information the Assessment Unit maintains on District Technology Coordinators remains up-to-date. Please complete the form and return via email to Collin Bonner at [Bonner\_C@cde.state.co.us](mailto:Bonner_C@cde.state.co.us) or fax to 303-866-6680. If there are additional changes to the DTC information throughout the year, please remember to contact the Assessment Unit with these changes.

**FOR SECURITY REASONS PLEASE PROVIDE A DISTRICT APPROVED E-MAIL ADDRESS.**

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| --- | --- | --- | --- |
| **The CURRENT DTC information is:** | | | |
| **Name: Last, First** | | **District Name:**        **District Code:** | |
| **Name of Previous DTC:** | |  | |
| **Work Phone:** | **Ext:** | | **Work Fax:** |
| **Email Address:** | | | |

**Superintendent Signature: \_**

**Date:\_\_\_\_\_\_\_\_\_\_\_**