



TEFAP PARTNER CHANGE OF INFORMATION FORM

PARTNER FILL OUT BELOW	
TEFAP Agency / Partner Name:	
Current Information: *	
New Information: **	
Reason for Change: ***	
Effective Date:	
Signature:	
Title:	
Phone:	
Email:	
Date:	
<p>*For instance, list the current shopper name, phone number, etc. that you want to change. **Please write clearly and legibly. ***If necessary, please write an explanation of the changes in this space. If changes are for multiple programs, please list all programs.</p>	

FOR STAFF USE ONLY	
Entered into Navision:	
Date Entered:	
Staff Person's Name:	