



## SARA Institution Non-Renewal Form (AF5)

An Institution that does not renew its SARA participation agreement with its Home State under the terms of the *SARA Manual* or pay its required SARA fees annually is no longer eligible to participate in SARA. (*SARA Manual*, Section 3.8)

NC-SARA has the responsibility to track all exceptions to SARA policy. This form provides a document trail and the approval process is confirmed at all levels to ensure accuracy of actions taken by NC SARA staff. After all signatures have been obtained, please submit the form to [info@nc-sara.org](mailto:info@nc-sara.org).

### TO BE COMPLETED BY SARA STATE PORTAL ENTITY STAFF

Institution name: \_\_\_\_\_

Institution address: \_\_\_\_\_

Institution State: \_\_\_\_\_

If Branch Campus, name of Main Campus: \_\_\_\_\_

If Branch Campus, address of Main Campus: \_\_\_\_\_

Primary Institution contact name: \_\_\_\_\_

Primary Institution contact email: \_\_\_\_\_

Effective date: \_\_\_\_\_

Reason for withdrawal:

\_\_\_\_\_ SARA participation no longer required or needed

\_\_\_\_\_ Institution closure

\_\_\_\_\_ Federal Financial Responsibility Composite Score below 1.0

\_\_\_\_\_ Institution merger (*Institution Merger Form AF6 must also be completed*)

Name and address of new Institution \_\_\_\_\_

\_\_\_\_\_

SARA Portal Entity contact for new Institution (if change in Home state)

Name \_\_\_\_\_

Is Institution owned by a new entity? Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes, Institution Merger Form AF6 must also be completed*

Official business name of parent company \_\_\_\_\_

Address of parent company \_\_\_\_\_

\_\_\_\_\_



National Council for  
State Authorization  
Reciprocity Agreements

Other Comments:

State Portal Entity Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Portal Entity printed name: \_\_\_\_\_

**TO BE COMPLETED BY REGIONAL COMPACT SARA DIRECTOR**

Comments:

Regional Compact SARA Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Compact Director printed name: \_\_\_\_\_

**TO BE COMPLETED BY NC-SARA STAFF**

\_\_\_\_\_  
NC-SARA President or Executive Director for Student and Institutional Support Date: \_\_\_\_\_