COLORADO
Department of Education
School Finance and Operations Division

Mandatory
FORM # STU-9
EDAC REVIEWED
09/11/2026 for 2026-2028

Educational Entity Contact Information Form

2026-2027

All information requested on this form is required.

This form is required by 1 CCR 301-26, Rule 5.1.2. Educational Entities shall complete and submit the Educational Entity Contact Information Form to the Colorado Department of Education School Transportation Unit. Pursuant to Rule 5.1.2(A), Educational Entities shall renew their contact information annually, prior to the start of each school year, and within 30 calendar days after any change in transportation administration personnel. There is no fee for submitting this form. Please also submit an updated form whenever any other required contact information changes.

Educational Entity Information	
Name of Educational Entity:	**Main Telephone:**
Entity Type: ☐ School District ☐ Charter School ☐ Specialized Day School ☐ BOCES	
Physical Address for Transportation:	

Transportation Contact Information		
Transportation Administrator/Director:	**Email:**	**Telephone:**
Superintendent/Head of School:	**Email:**	
Maintenance/Fleet Contact:	**Email:**	
Terminal #1 Manager:	**Email:**	
Terminal #2 Manager:	**Email:**	
Terminal #3 Manager:	**Email:**	
Terminal #4 Manager:	**Email:**	
Emergency/After-Hours Contact:	**Telephone:**	

Affidavit and Certification

By signing below, I swear or affirm that I am authorized to submit this Educational Entity Contact Information Form on behalf of the Educational Entity listed above. I further acknowledge that the Educational Entity is responsible for maintaining current contact information with the CDE School Transportation Unit; renewing its contact information annually, prior to the start of each school year; and submitting an updated form within 30 calendar days after any change in transportation administration personnel. I understand that an updated form should also be submitted whenever any other required contact information changes.

Authorized Person			
Authorized Person Printed Name:	**Title:**	**Authorized Person Signature:**	**Date:**

Please upload this form to the Service Provider Registration button on the CDE School Transportation Forms webpage.