**VOLUNTARY CLOSURE OF AN ALTERNATE LOCATION TEMPLATE LETTER**

**(PLEASE PRINT/SUBMIT ON INSTITUTIONAL/SPONSOR LETTEREHEAD)**

Date of Letter

Dr. George Hatch, Jr.

Executive Director

CoAEMSP

8301 Lakeview Pkwy, Suite 111-312

Rowlett, TX 75088

CoAEMSP Program Number: 600xxx

Dear Dr. Hatch.:

The administration at **[insert Sponsor Name]** is requesting the voluntary closure of the Alternate Location in **[insert alternate location city, state]**. Please note the following:

The voluntary closure for the Alternate Location is requested to become effective as of (mm/dd/yyyy).

I understand that until the effective date of the voluntary closure of the Alternate Location, any applicable Alternate Location fees must be paid. Outstanding Alternate Location fees at the time of voluntary closure of the Alternate Location will not be forgiven.

Official notification of this voluntary closure of the Alternate Location will come from the CoAEMSP office.

Sincerely,

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Print Name of Dean or Higher

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Signature of Dean or Higher