

New Organization Submittal Form

General Information

Use this form to suggest your organization for addition in the Education Resource Organizations Directory (EROD). To find out if your organization qualifies to be in the Directory, please read our "Criteria for Inclusion" statement. If the information you submit is added to EROD, it will be available to the public at <http://www.ed.gov/Programs/EROD/>.

You don't have to provide information for every item on this collection form, but items with an asterisk (\*) are required. If you have any questions, please contact us at <mailto:erod@ed.gov>, or check out our sample form.

OMB # 1800-0012

Location Information

- \* Service, Program, or Organization Name
- \* Address 1
- Address 2
- Address 3
- \* City
- \* State
- \* Zip

Contact Information

Please input either the phone number or the toll free number, or both.

- \* Phone e.g.: (123) 456-7890 x123
- \* Toll-free
- Toll-free Restrictions
- TTY
- Fax
- \* E-mail Address
- E-mail Address 2
- WWW Address

Operating Information

Director's Name 1	Honorific	First	Middle	Last	Suffix
Director's Title 1					

Director's Name 2	Honorific	First	Middle	Last	Suffix
Director's Title 2					

Director's Name 3	Honorific	First	Middle	Last	Suffix
Director's Title 3					

Contact's Name	First	Last
Contact's Title		

Sponsoring Agency (Agency responsible for initiating, funding, and/or managing service, program, or organization)

\* Description (Includes the mission and/or goal(s) of the service, program, or organization. Please describe the program in a clear and "friendly" manner for the general public.)

Days & Hours of Operation e.g., M-F 9:00 a.m.-5:00 p.m.

Time Zone

Indexing Information

To view a list of terms for a category, select the category name link at the left (Audiences, Services, etc.).

Audience(s)

Service(s)

State(s)/ Territory(ies) Served

Publication(s)

Subject(s)

Special Collections

Submitter Information

Submitter must provide all required fields below for the purpose of validation. The email that you provide below will be the one that will receive the email confirmation.

\* First Name

\* Last Name

Title

Phone

\* Email

Comments (Optional)

Please provide any additional comments/suggestions about this information collection form, the directory, or EROD website.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1800-0012. The time required to complete this information collection is estimated to average 1 hour per response for a new submission or 10 minutes per response for an update or correction, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have any comments or concerns regarding the status of your individual submission of

this form, write directly to: U.S. Department of Education,  
Office of the Chief Information Officer, Development Services  
Group, Attn: EROD, 400 Maryland Avenue, S.W., Washington, D.C.  
20202-4760.

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