State Authorization Reciprocity

Agreement (SARA) Payment Form

Please include this form with your institution’s check when applying to participate in SARA.

| **INSTITUTION** |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| OPEID: | Click or tap here to enter text. |
| **FISCAL CONTACT** |  |
| Name: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| E-mail Address: | Click or tap here to enter text. |
| **PAYMENT** |  |
| Check Number: | Click or tap here to enter text. |
| Check Amount: | Click or tap here to enter text. |
|  | *(Note: Send NYS Fees ONLY. Do NOT send NC-SARA fees to SED; these must be sent directly to NC-SARA once the institution has received state approval to participate in SARA.)* |

|  |  |  |
| --- | --- | --- |
| **Identify your institution’s fee band:** | **Student FTE**(as reported in IPEDS) | **SED Annual Fee** |
|  | Under 2,500 | $5,000 |
|  | 2,500 – 9,999 | $7,000 |
|  | 10,000 or more | $9,000 |

Remit payment to: New York State Education Department

 ATTN: SARA

 Office of College and University Evaluation

 89 Washington Avenue, Room 960 EBA

 Albany, NY 12234

**NYSED review of your SARA application will commence once payment is processed.**