South Carolina ITLS
Instructor Information Update Form

Please Print All Information

Date _____ Social Security Number _____

Name_____
Last Name **First Name** **MI**

Street Address _____

City_____State_____Zip Code_____

Home Phone_____ Work Phone_____

Pager Number_____ E-mail Address_____

Please return this form to:

South Carolina ITLS
1016 East Montague Avenue
North Charleston, SC 29405
Fax: 843-529-0460