



Please complete and return this form no later than **Friday, November 20, 2020**, to [vpowell@msmec.com](mailto:vpowell@msmec.com) to ensure we have your correct contact information. This form should be completed by the counselor or person responsible for handling the STAR Student information for your school.

Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

***WE NEED YOUR UPDATED INFORMATION TODAY!***

\_\_\_ The counselor listed above is the same contact person from last year.

\_\_\_ The Counselor listed above is not the same contact person form last year.

Email Form to [vpowell@msmec.com](mailto:vpowell@msmec.com).  
[www.msstarstudent.org](http://www.msstarstudent.org)

Student-Teacher Achievement Recognition (STAR) Program Established in 1965 by the  
Mississippi Economic Council The State Chamber of Commerce