

## Group Page

<b>Name:</b>	<input type="text" value="School Group #1"/>	<b>Street Address:</b>	<input type="text" value="101 University Street"/>
<b>Audit Type:</b>	<input checked="" type="radio"/> Consolidated <input type="radio"/> Unconsolidated	<b>City:</b>	<input type="text" value="School City"/>
<b>2-Year:</b>	<input type="checkbox"/>	<b>State:</b>	<input type="text" value="School State"/>
		<b>Zip:</b>	<input type="text" value="12345"/>
		<b>Phone Number:</b>	<input type="text" value="(321) 123-4567"/>

### NEW ENTRY

OPEID:

### CURRENT GROUP ENTRIES

 Locator	OPEID	Name	Begin Date	End Date	FYE Date	
<input checked="" type="radio"/>	11223300	University of Test 1	<input type="text" value="11/30/2003"/>		12/31	<input type="button" value="DELETE"/>
<input type="radio"/>	11223400	University of Test 2	<input type="text" value="11/30/2003"/>		12/31	<input type="button" value="DELETE"/>
<input type="radio"/>	11223500	University of Test 3	<input type="text" value="11/30/2003"/>		12/31	<input type="button" value="DELETE"/>