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Contact Information Change

The University of New England | Office of the Registrar
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CONTACT INFORMATION PROCESS AND POLICY

Are you a current student? Yes No If no, what years did you attend?

I that apply: I: CHANGE INFORMATION

Billing Address

Street:

City: State: Zip Code:

Phone Number:

Personal Email Address:

Effective Date: Permanent Change: Temporary Change: (End Date)

SECTION II: STUDENT APPROVAL (Font signature NOT accepted)

I, hereby acknowledge and certify that I am not making these changes for fraudulent or illegal purposes.

Student s Signature: Date: SECTION