

E~MAIL ACCOUNT AUTHORIZATION FORM
Return to the Student Activities Office Moln D133

Name of Organization _____

Date

Organization Email Address _____@
uwp.edu

We need to:

- Have our organization's email coordinator changed.

Email Coordinator (please print)

* Must be a UW-Parkside student

Email Coordinator E-mail Address (please print)

* Must be a UW-Parkside email address

Authorization Signatures:

Organization President

Organization Advisor

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