

REQUEST TO ADD OR CHANGE SECONDARY E-MAIL ADDRESS

PLEASE PRINT CLEARLY - ALL FIELDS REQUIRED FOR PROCESSING

STUDENT NAME: _____

COUGARID NUMBER: _____

SECONDARY E-MAIL ADDRESS*: _____@_____.COM

*YOUR COLUMBUS STATE COMMUNITY COLLEGE STUDENT E-MAIL ADDRESS WILL ALWAYS BE PRIMARY

THIS IS: AN ADDITION OF A SECONDARY E-MAIL ADDRESS

A CHANGE TO MY SECONDARY E-MAIL ADDRESS

By my signature below I authorize the Columbus State Community College to add a secondary e-mail address to my record or change the secondary e-mail address currently listed on my record. I also acknowledge that the e-mail address listed above is assigned to me and not shared with another individual. I also confirm that the e-mail address and provider name are accurate.

STUDENT SIGNATURE (REQUIRED): _____

DATE: ____/____/____

FOR OFFICE USE ONLY

DATE RECEIVED: ____/____/____

DATE PROCESSED: ____/____/____

PROCESSED BY (PLEASE PRINT): _____

SIGNATURE (REQUIRED): _____