

COLLEGE COMMUNITY SERVICES, INC.
ALUMNI HALL
MANSFIELD UNIVERSITY
MANSFIELD, PA 16933
570-662-4929

TO: ALL C.C.S.I. ACCOUNTS

FROM: Sara Herbst

DATE:

In an attempt to update our files, we are requesting the information listed below. Your prompt attention in completing and returning this form to us will be greatly appreciated.

.....
ACCT NAME: _____ CCSI ACCT#: _____

Acct Mailing Address: _____

Club Email (if any): _____

Person to contact with any questions or problems: (Please Print)

Contact Name: _____ Email: _____

Advisor Name: _____ Phone: _____

Advisor Signature: _____

Advisor Email: _____

Student Organizations: (Please Print)

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Treasurer Signature: _____

Treasurer Email: _____