TELEPHONE DIRECTORY UPDATE FORM

Please **MAKE A COPY** and complete this form if the information in this directory has *changed*, an entry in this directory is *incorrect*, or you would like to *add* or *delete* information.

Send completed form via interoffice mail to: Telecom Support, Computer Services, TEC 122

Person submitting this form:					
	==========	name ========		phone # =========	=====
The following	information is <i>inco</i>	rrect or will ch	ange in the futu	re:	
Name		Phone #	Bldg/Rm#	Department	
Last, Kean ID#	First	State Title:			
The <i>corrected</i>	or <i>new</i> information	is:			
Name		Phone #	Bldg/Rm#	Department	
Last, Kean ID#	First	State Title:			
	information is <i>shou</i>				
Name		Phone #	Bldg/Rm#	Department	
Last, Kean ID#	First			Title:	
The following	information should	be <i>added</i> :			
Name		Phone #	Bldg/Rm#	Department	
Last, Kean ID#	First Email -		State Title:		