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Please check one:

\_\_\_\_\_ Yes, I wish to participate in electronic advising via e-mail. I realize there may be a lack of security, via e-mail, regarding confidential issues.

\_\_\_\_\_ No, I do not wish to participate in electronic advising via e-mail.

Signature		Date	
Last Name	First Name (please print)	Social Security #	
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School of Business			
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For questions, please call 785-864-3844