Alumni Registration UW-Green Bay Career Services

Name: _				
	Last	First	MI	Maiden
Address	:			
City/Sta	te/Zip:			
Email Ac	ddress:			
Phone #	:			
UW-Gre	en Bay Date of Graduatio	n:	Year	
UW-Gre	en Bay Student ID # (9-di	git):	Birth o	late:
Select th	apply to positions listed in eservices for which you handshake Account One hour appointment was appointment was appointment.	are registering: with Career Service ets can be schedul	ed at the same rate.	
Please c	omplete and submit this			
l 2	Career Services Jniversity of Wisconsin-G 2420 Nicolet Drive, SS 160 Green Bay, WI 54311-700	00		
<mark>Checks s</mark>	should be made payable t	o: UW-Green Bay	<mark>/</mark>	
activate	ceipt of your form and pad/ d/updated and you will be e any questions, feel free	e provided with a	username and direction	ons for using Handshake. If
		Office Use	Only	
Pd: \$	Ck # Date:	Email confi	rm date:	Inactive date:
		•	Handshake Note □ nder Added to Tasks	Handshake Label