

**HARBORVIEW MEDICAL CENTER &
UW RESEARCH AND TRAINING BUILDING**

PERSONNEL DIRECTORY UPDATE REQUEST FORM

COMPLETE FORM AND MAIL TO HMC TELECOMMUNICATION SERVICES, BOX 359707

New Listing ☐ Change ☐ Delete ☐ If name change print former name_____

LAST NAME_____ FIRST NAME, MIDDLE INITIAL_____

JOB TITLE_____PAGER # _____

DEPARTMENT_____BOX # (Required)_____

LOCATION-RM. NO. AND BLDG. _____

PHONE #1(Required)_____PHONE #2(Optional)_____

EMAIL ADDRESS _____FAX NO. _____

SIGNATURE OF LISTEE_____ **Unsigned forms will not be processed**

(Departmental personnel may sign for individuals who have left HMC)

Additional directory update forms may be obtained from Telecommunications Services, 8EH72, 731-3440.