

**AACSB International**  
**Official Accreditation Contact Change Form**

*This form is only for changes to the official positions listed below related to the school's accreditation efforts.*

Click [here](#) to change your Institutions' Name or Address

Go to [myAACSB](#) to view individuals currently designated for official roles.

- Accreditation Coordinator** Upon authorization of the Official Representative, this individual directly supports the official representative and may assist with correspondence related to the school's accreditation efforts (i.e. confirming accuracy of contacts, delivery of official correspondence, etc.)
- Accounting Administrator** (chair or head of the accounting department of an AACSB accredited school that in addition to business accreditation also holds AACSB accounting accreditation) receives all notifications concerning AACSB events and services, accounting accredited specific notices, and DataDirect administrator access.

**Institution Name:** \_\_\_\_\_

**New Person**

Prefix: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Family/Last: \_\_\_\_\_

Job Title: \_\_\_\_\_ Designation: \_\_\_\_\_ (i.e.: PhD, MSc)

Full mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (include country code): + \_\_\_\_\_ Fax: + \_\_\_\_\_

Institutional email address (i.e., not Gmail, yahoo, hotmail, etc.): \_\_\_\_\_

Position effective date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: 20\_\_\_\_

*Initial Start Date Required*

Previous Position/Title/Institution: \_\_\_\_\_

**Previous Person**

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix: \_\_\_\_\_

Will he/she be remaining at this Institution?

Yes Position/Title: \_\_\_\_\_

No New Position/Title/Institution if known: \_\_\_\_\_

**Information Submitted By**

Name/Title: \_\_\_\_\_ Email address: \_\_\_\_\_

*All official changes will need authorization from the Official Representative. If the person submitting the Contact Change Form is someone other than the official representative, then the official representative must be included in the e-mail request (cc: line).*

Send to [memberupdates@aacsb.edu](mailto:memberupdates@aacsb.edu) or via fax +1 813 769 6559