



EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 8:
INSTITUTIONAL CONTACT DECLARATION & UPDATE FORM

This form is designed to update and verify the official contact information of EAHEA member or candidate institutions. Please ensure that all details are accurate and up to date.

Each institution is required to provide at least two institutional (corporate) email addresses and two personal email addresses. These emails cannot be the same; we need four different email addresses.

Please use official institutional and personal contact details to ensure smooth communication. You may provide additional optional contact information if available.

I. INSTITUTION INFORMATION

1. Institution Name: _____
2. EAHEA Membership ID #: _____
3. Street Address: _____
4. City/State/Zip: _____/_____/_____
5. Country: _____
6. Phone Number: (____) _____
7. Official Website URL: _____

II. INSTITUTIONAL CONTACT EMAILS

1. Institution Email #1: _____

(Primary contact address for general correspondence; e.g., info@institution.edu.eu)

2. Institution Email #2: _____

(Secondary contact address, preferably for department-specific communication; e.g., accreditation@institution.edu.eu)

3. Institution Email(s) (Optional): _____

(You may include more corporate contact addresses if relevant; e.g., marketing@institution.edu.eu)

III. PERSONAL CONTACT EMAILS

1. Personal Email #1 (Director/Rector): _____

(Official email of the institution's Director, Rector, or President)

2. Personal Email #2 (Manager/Coord.): _____

(Official email of another key executive, such as a Dean, Manager, or International Relations Officer)

3. Additional Personal Email(s) (Optional): _____

(You may include more contact points for communication or coordination purposes)

IV. AUTHORIZED REPRESENTATIVE

☐ I hereby confirm that all information provided above is accurate and updated on behalf of the institution.

Name of Representative: _____

Position / Title: _____

Signature Date: ____/____/____ (day/month/year)

Signature: _____

(If you are filling out the form digitally, enter your full name as a signature.)