
BEMCo Number

_____/_____/_____

Date (MM/DD/YYYY)

No Contact Order Information: BEMCo

Have you ever filed a No Contact Order at Brandeis University against someone else? (Check one)

_____ Yes

_____ No

If yes, who? (Name and Class Year)

Has someone else filed a No Contact Order at Brandeis University against you? (Check one)

_____ Yes

_____ No

If yes, who? (Name and Class Year)

By signing below, I hereby certify that the information presented above is current, valid, and complete to the best of my knowledge. Should any of the above information change, I will immediately contact the BEMCo Director and Administrator to make the necessary changes and discuss my continued service with BEMCo while holding a No Contact Order.

Signature

_____/_____/_____

Date (MM/DD/YYYY)