

Student Contact Information

Full Name:

Name you wish to be called:

Preferred e-mail address:

Note: I will use e-mail to communicate important information to the class. Please give me the address to the account that you check most often.

Preferred phone number:

Room:

Cell:

On campus address:

Permanent address:

I will be making a contact information list for the students in the lab that will include e-mail addresses and phone numbers. Please check one of the following:

- ☐ I give permission for my e-mail address and phone number to be distributed to the other members of the lab.
- ☐ I do not wish my e-mail address and phone number to be distributed to the other members of the lab.

I agree that the contact list for the class is to be used for the academic purposes of the class only.

Name (print)

Signature

Date