Student Information

Due to the nature of this class, I may need to contact you. Since University databases often have incorrect and outdated information, the purpose of this survey is to obtain contact information. DO NOT include your student ID number or Social Security Number in order to protect your right to privacy. This form will only be used in conjunction with this course and will be destroyed at the time that a final grade is submitted for this course.

Last Name: ______________________________

First Name: ______________________________

Date: ________________________________

Where do you work?

Name of Company: ________________________________

Position Title: ________________________________

Full-time or Part-time: ________________________________

Supervisor: ________________________________

Where are you living during the semester?

Street Address: ________________________________

City: ________________________________

Home Phone: ________________________________

Work Phone: ________________________________

Cell Phone: ________________________________

E-mail: ________________________________