## **Shepherd University**

## **Faculty Directory Information Form**

Please complete this form and return it to the Office of the Provost by the requested date. Thank you in advance for your assistance.

Name:

Spouse/Partner’s Name:

Home Mailing Address:

City: State: Zip code:

*Check here if the home mailing address you have listed above is a new one. Please note: If you should change your mailing address/telephone number or campus address/office hours during the semester, please update your information in RAIL. Contracts are MAILED to your HOME ADDRESS in the summer.*

Home or Cell Phone Number:

Contact Person’s Name and Phone Number(s) in Case of an Emergency:

# **Campus InformatioN**

Semester: Year:

Office Building: Room Number:

Office Telephone Number:

E-Mail Address: @shepherd.edu

**Office Hours:**

Monday Times:

Tuesday Times:

Wednesday Times:

Thursday Times:

Friday Times: