## **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.

|  |  |
| --- | --- |
| **Personal Information** | |
| Name |  |
| Home Mailing Address |  |
| City |  |
| State |  |
| Zip |  |
| Is this a new address? (Y or N) |  |
| Home or Cell Phone |  |
| **In case of Emergency** | |
| Contact Person |  |
| Contact Person’s Phone |  |

*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.*

|  |  |
| --- | --- |
| **Campus Information** | |
| Semester | Fall |
| Year | 2018 |
| Office Building: |  |
| Room Number: |  |
| Office Telephone Number: |  |
| Email Address: | @shepherd.edu |

|  |  |
| --- | --- |
| **Office Hours** | |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |