## **Shepherd University**

## **Faculty Directory Information FORM**

Please complete this form and return it to the Office of the Provost via email ([aspeck@shepherd.edu](mailto:aspeck@shepherd.edu)) 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 change your mailing address, please update your information in RAIL.*

|  |  |
| --- | --- |
| **Campus Information** | |
| Semester | Fall |
| Year | 2020 |
| Office Building: |  |
| Room Number: |  |
| Office Telephone Number: |  |
| Email Address: | @shepherd.edu |

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