



Psychology

Psychology Department Contact Information Sheet

You must notify the business office if any of this information changes.

Name: _____

Date: _____

Home Address:

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to you: _____ Phone: _____

Email: _____ Research Area/Program: _____

Office Room #: _____ Other Room/Lab/Places you may be: _____

Work Phone #: _____ Supervisor's Name: _____

Employment Type: Faculty Grad Postdoc Staff Student Other: _____

Please initial only one option:

I **do** want my info given to fellow psychology affiliates: _____

I **do not** want my info given to fellow psychology affiliates: _____

For Department Use Only:

Department Listserv: _____ Date Added: _____ Removed: _____

Add to Website: _____ Deleted from Website: _____

Mailbox Created: _____ Mailbox Removed: _____

Key(s) Issued: _____ Key(s) Returned: _____

Computer Login Deleted: _____