



Psychology Department Contact Information Sheet

Psychology

Name: _____ Date: _____

Preferred Name: _____

Check box if you want your preferred name displayed on department website.

Pronouns (optional): _____

Home Address:

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to you: _____ Phone: _____

UA Email: _____ Research Area: _____

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

Work Phone #: _____ Supervisor's Name: _____

Employment Type: Faculty Staff Postdoc Grad Student Other: _____

Check box if you want to be included in the psy-wellness listserv

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

For Department Use Only:

Department Listserv: _____ Date Added: _____

Add to Website: _____

Mailbox Created: _____

Key(s) Issued: _____