

PUBLIC INFORMATION RELEASE FORM
Please return this form back to your building principal

Please **print** information so that it may easily be read.

Last Name First Name

Campus _____ Position or Teaching Assignment _____

Address _____
Street, Route, Box City State Zip

Telephone# () _____

I DO _____ DO NOT _____ WANT MY ADDRESS PUBLISHED.

I DO _____ DO NOT _____ WANT MY TELEPHONE NUMBER PUBLISHED.

Signature *Date*

If at any time during the year the above information changes, please log-in to Employee Access to update your information. You may also submit to HR an Information Change Form available on our website under HR/Forms.

Please give us an alternate address and telephone number through which we could locate you during vacations, etc. in the event of an emergency (neighbor, parent, etc.). This will be for our records only.

Name *Relationship*

Address (City, State, Zip)

() _____
Telephone #