

MEDAILLE COLLEGE CLASSROOM INTERRUPTION

STUDENT CONTACT INFORMATION

Please complete and sign this form and return it to your instructor.

This information is being collected to use in the event of an extended emergency facilities closure so that your instructor can contact you to insure educational continuity.

Course Title: _____

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: __ (____) _____

Home phone: _ (____) _____

Other phone: _ (____) _____

Medaille email: _____

Other email: _____