

# Directory Update Form

Please notify the senate office when there is any change in the following information. Fax this form with changes to (916) 323-9867.

**Please complete the following information (type or print\*)**      Date \_\_\_\_\_

College \_\_\_\_\_

College Main Phone Number \_\_\_\_\_

College Address \_\_\_\_\_

College City & Zip \_\_\_\_\_

College Fax Number \_\_\_\_\_

Area \_\_\_\_\_

College Supt./Pres. \_\_\_\_\_

Senate President \_\_\_\_\_

President's email \_\_\_\_\_

Presidency Expiration Date \_\_\_\_\_

Senate Website Address \_\_\_\_\_

Discipline \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

May we print your home information in the directory?  Yes  No

Senate Vice President \_\_\_\_\_

Vice President's email \_\_\_\_\_

Vice Presidency Expiration Date \_\_\_\_\_

Discipline \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

May we print your home information in the directory?  Yes  No

Senate Delegate \_\_\_\_\_

Delegate email \_\_\_\_\_

Delegate Expiration Date \_\_\_\_\_

Discipline \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

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Work Phone \_\_\_\_\_

May we print your home information in the directory?  Yes  No

Curriculum Committee Chair \_\_\_\_\_

Curriculum Committee Chair email \_\_\_\_\_

Curriculum Committee Chair Expiration Date \_\_\_\_\_

Discipline \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

May we print your home information in the directory?  Yes  No

Faculty  Administrator

Curriculum Committee Co-chair \_\_\_\_\_

Curriculum Committee Co-chair email \_\_\_\_\_

Co-chair Expiration Date \_\_\_\_\_

Discipline \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

May we print your home information in the directory?  Yes  No

Faculty  Administrator

Do You Have A Senate Office On Campus?  Yes  No

(If Yes, Please Complete The Following)

Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Office Hours \_\_\_\_\_

Clerical Staff's Name \_\_\_\_\_

Website \_\_\_\_\_

Please take time to have this form typed out. This will help the senate office in eliminating errors when printing the Directory. Thank you for your assistance.