

CONTACT INFORMATION

M.A. in Counseling Program

The information you provide will be used to make a directory to be distributed to other Counseling Program students and faculty only. If you do **not** want your contact information published, please check the box at the bottom. Be aware that we will always publish your name and email address, since that is public information. If you only want certain line items of your information printed, please specify this at the bottom of the page. **Please return the completed form to Heather Johnson.**

Name: _____

Local Address: _____

City & Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

(not to be published; will be used by program staff for emergency contact situations only)

MSU E-mail Address: _____

Please indicate by putting an "X" next to the track you will be taking:

- _____ School
- _____ Agency
- _____ Both

_____ Please place an "X" on the line to the left if you do **NOT** want **ANY** of your contact information published in the program's internal student directory. Be aware that your name and MSU e-mail address will be always be published.

If you only want specific line items of your contact information published, please specify below which items we can publish: