STUDENT DIRECTORY INFORMATION SHEET

2009-2010

1. Check the year in which you will be enrolled as of Fall 2009:

   ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year

2. Check the division:

   ☐ Full-time Day ☐ Part-time Day ☐ Part-time Evening ☐ LL.M. (FLG) ☐ LL.M. (General)

3. Name: _____
   Last First

4. Address:_____
   Street City State Zip

   Home phone: _____

   Cell phone: _____

   e-mail:_____

   Permanent address, if different:

   _____
   Street City State Zip

   Phone:_____

5. Business Name:_____

   Address:_____
   Street City State Zip

   Phone:_____

6. If you wish the name of a Spouse/Significant Other to be listed in the Student Directory, enter name here: _____

7. If you want "No Sabbath/Holiday Calls" listed in the Student Directory, please check: ☐

8. Check if you do NOT want address, phone number, or e-mail address listed in the Student Directory.

   ☐ Do NOT list my address. ☐ Do NOT list my phone number. ☐ Do NOT list my e-mail address.

Signature: _____ Date: _____