County College of Morris Dept. of Health, Exercise Science and Dance Student Contact Information

## PLEASE PRINT ALL INFORMATION!

The information on this form will be used by your professor to communicate relevant course information ONLY. This information will not be shared with any person or organization outside of CCM.

Name:	Course:
Street Address:	Section:
Town, Zip:	Semester:FallSpringSummer
	Year:
BY THE END OF THE SECOND WEEK OF C	(This is NOT your Social Security Number!) CLASSES, YOU MUST PROVIDE YOUR INSTRUCTOR WITH A TID. THIS ID MUST HAVE A CURRENT SEMESTER STICKER.
Daytime Telephone:	Is it ok to leave messages about grades or other sensitive course information?Yes No
Evening Telephone:	Is it ok to leave messages about grades other sensitive course information?Yes No
Cell Phone:	Is it ok to leave messages about grades other sensitive course information?Yes No
<b>E-Mail:</b> (Please be sure that your e-mail address is readable; ma	ke sure zeros and the letter O are noted differently.)
1. Student CCM e-mail address:	@student.ccm.edu_
User names are in the format <i>lastname.firstnam</i> . Password is the last 4 digits of your Student ID	ne (no spaces, hyphens, or apostrophes, and are limited to 17 characters. D number (NOT your SSN).
	N WILL BE SENT TO THE ABOVE E-MAIL ADDRESS. THIS MAY MPORTANT INFORMATION. THIS IS THE "OFFICIAL" E-MAIL L USE FOR THIS INFORMATION!
Is it ok to send grades and other sen	nsitive information to the above e-mail address?YesNo
2. Other e-mail address:	
	N <u>MAY</u> BE SENT TO THIS E-MAIL ADDRESS, BUT ONLY THAT T CCM E-MAIL ADDRESS WILL BE CONSIDERED "OFFICIAL."
Is it ok to send grades and other sen	nsitive information to the above e-mail address?YesNo
NOTE: If you indicate that grades and other sensitive is you may not receive this information in a timely manne	nformation may <u>not</u> be given by telephone messages or by e-mail, r.
If any of the above information changes during the seme	ester, be sure to let your professor know immediately!
I understand that important course information will be s regularly to be sure that I receive important course information	sent to my student CCM e-mail address. I will check this address rmation in a timely manner.
Your Signature	Today's Date