Campus Directory Information Form

Instructions: This form is to be used by University faculty, staff, and students only to add or change information in Jackson State University's Telephone Directory. Please print or type information. Return this form to the Office of Information Technology, Jackson State University, 1400 John R. Lynch Street, Post Office Box 17039, or call (601) 979-4081 for additional information.

Check all that Apply:

- ☐ New employee
- ☐ E-Mail Address Change
- ☐ Home Address Change
- ☐ Name Change
- ☐ Campus Address Change
- ☐ Campus Telephone Number Change
- ☐ Home Telephone Number Change
- ☐ Title/Department Change

REQUIRED INFORMATION:

Check One: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

1. Name: _____
   Last First Middle Initial
2. Department & Job Title: _____
3. Office Location :_____
   Physical Building Name & Room Number
4. Campus Address: _____
   P O Box or Street Address City State Zip
5. Office Telephone Number: (_____) _____ (Main office number or individual number)
   Area Code Telephone Number
6. E-Mail Address: _____

OPTIONAL INFORMATION:

7. Residence Information (will be published only if you so specify below):
   a. Home Address _____
   b. Home Telephone Number: (_____) _____
      Telephone Number
8. If married, name of spouse: _____
   Last First Middle Initial

RELEASE OF HUMAN RESOURCES INFORMATION

The information in items 2 through 6 is considered to be departmental directory information. This information will be published in the campus directory and will be available on the campus computer network. Items 7 (residence information) and 8 (spouse name) are considered personal information. **Do you wish to have your personal information published?** ☐Yes ☐ No

Signature: _____Date:_____