

SEMESTER: _____

SENATE INFORMATION AND OFFICE HOURS SHEET

NAME: _____

A.S. POSITION: _____

Permanent Mailing Address: _____
(Street no.)

(City and ZIP code)

TELEPHONE (home): _____ ALTERNATE #:(Cell) _____

STUDENT ID.: (required) _____

CLASS LEVEL (i.e., Freshmen/Sophomore/Junior/Senior) _____

E-MAIL (@csun.edu) _____

Do you want your home number released to constituents? yes no

Do you want your home address released to constituents? yes no

A.S. OFFICE HOURS (Day & Time) _____

(Day & Time) _____

PLACE OF EMPLOYMENT: _____ Tel. _____

Will you accept phone calls at work? yes no