

MASTER ADDRESS LIST

The following information will be used to compose a **master** address and phone list for your use.

--PLEASE PRINT--

Name: _____

ID# _____
(this will not be added to the list)

Local Address: _____

City: _____

State: _____ Zip: _____

Local Phone #: _____ Work Phone #: _____

E-mail Address: _____

Permanent Address: _____

City: _____

State: _____ Zip: _____

Please circle the appropriate choice and sign:

I would / would not prefer my information to be included on a master list to be distributed to fellow program participants.

Signature

Date

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."