

High School Staff Information Form

High School Name: _____ **Address:** _____ **City/State/Zip:** _____

Please complete the form below and return using the enclosed envelope or fax to the number listed below. You may include any additional staff names on the back of this form. Please indicate the individual who should serve as the main contact for your high school guidance office.

Main Contact Name: _____ Title: _____ Telephone: _____ email: _____

Counselor Name: _____ Title: _____ Telephone: _____ email: _____

Counselor Name: _____ Title: _____ Telephone: _____ email: _____

Counselor Name: _____ Title: _____ Telephone: _____ email: _____

Secretary Name: _____ Telephone: _____ Fax: _____ email: _____

Principal's Name: _____ Telephone: _____ email: _____

Thank you for your cooperation. Please feel free to contact us if you have any questions or need additional information.



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