Form G: Mentor Teacher's Contact Information

This information is requested in order to keep the mentor teacher records current from semester to semester, to provide contact information that facilitates correspondence between the college supervisor and the mentor teacher, and to enable the setting up of accounts so that mentor teacher honorarium checks can be distributed.

Please complete all ite	ems:
Full Name:	
Social Security Numb	er:
Mailing Address:	
Telephone number:	(Day):
Telephone number:	(Evening):
Best time(s) to call:	
Time of planning peri	od:
E-mail address:	
School:	
Name of E & H Stud	ent Mentoring
Remove this FORM f	From the Handbook, complete it, and return it to:
Laree Hinshelwood, I Neff Center for Teach Emory & Henry Colle P.O. Box 947	
Emory, VA 24327-09 lhinshelwood@ehc.ed	

Failure to return this form or to keep your contact information updated in the Neff Center may result in delays in the payment of the mentor teacher honorarium due to missing information or incorrect (outdated) address. Please assist us by keeping your contact information up to date!