

Instructor Information Sheet

Please review the form below, change any incorrect or missing information, sign the form, even if there are no changes, and return to the Dean's office to ensure we have your most updated contact information. Thank you.

Last Name		First Name			Semester Hired	
Address						
City	State	Zip/Postal Code	Home Phone	Work Phone		
Cell Phone	Email Address <i>(primary email if other than GCCCD)</i>		Department Name			
Emergency Contact Name – Relation		Emergency Contact Phone Number	Fulltime/Adjunct		Social Security # <i>(new employees only)</i>	
Referrals to Supervised Tutoring						
Will you be referring students to supervised tutoring? Yes No		If yes, list course & #: (not labs)				

Signature: _____