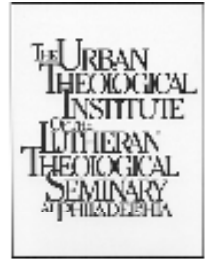




Directory Information and Office Record Form



To be completed annually by all students.

For security, reporting, and other purposes, we need to collect certain data on persons taking classes, participating in internships, or living on campus each academic year. Please complete the information below and return to Enrollment Services no later than September 30. (May be faxed to 215-248-7315)

Race/Ethnicity
(for reporting summary statistics to government and accrediting agencies only):
 Check if you are:
 Hispanic or Latino
 Non-resident alien
 If neither of above, check one or more of the following:
 White
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native

PLEASE PRINT.

*Full Name (last/first/middle): _____

*Name you wish to be called: _____

*Title (Ms/Mr/Dr/The Rev/etc.): _____

City/State/Country of birth: _____

Country of citizenship: USA Other (specify): _____

Visa status if citizenship other than USA: _____

Marital status: _____

Veteran of US Military Service? Yes No

Denomination (Be specific): _____

Synod/Diocese/Judicatory: _____

Are you in an ordination or other candidacy process with the above? Yes No

If yes, do you need grades reported on a regular basis? Yes No

[Be sure to file a Release Authorization with the Registrar's Office to facilitate sending of grade reports; available at <http://www.ltsp.edu/academic/2006-2007/release.pdf>]

Home Congregation: _____

Address _____

City/State/Zip: _____

Pastor(s) (If self, please note): _____

If living on campus:

*Studio or Apartment: _____

*Preferred Phone #: _____

If living off campus **or** returning home on weekends:

*Address: _____

*Preferred Phone #: _____

Other phone numbers, as applicable: _____

**"@ltsp.edu" Email Address: _____

*Secondary Email address: _____

(Note that your "...@Ltsp.edu" address is your primary email address. Contact helpdesk@ltsp.edu if you don't know your LTSP address or need instructions on using it.)

Student Name: _____

Permanent Address (___check if same as above):

Full Name of Spouse/Partner: _____

Children:	Name:	Birthdate (mo/day/yr) (if living with you)
	_____	_____
	_____	_____
	_____	_____

Are you/will you be employed while a student at LTSP? ___YES ___NO

If yes, approximately how many hours/week? _____

Place of employment: _____

Will you be driving an automobile onto the campus? ___YES ___NO

[If yes, please complete a separate "Automobile Registration Form," available from the Security Office (215-248-7502).]

If on **internship** this academic year, please provide dates of internship:

Begin date: _____ End date: _____

Confirm intern site (congregation/city/state): _____

In case of emergency, notify:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: [] _____ Evening: [] _____

NOTE: Items shown with asterisks (*) above are information that is typically included in the Community Directory. If you do not wish any or all of the information to be included in the Community Directory, please indicate specifically those items you do not want included on the appropriate line.

If you fail to return this form prior to publication of the Directory, your listing will include whatever information we have on file concerning these items.

DATE COMPLETED BY STUDENT: _____