

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Permanent Contact Information Sheet
(Submitted During 11th Week)

Name: _____ Student ID#: _____
 Last First Middle

Permanent Contact Information (Someone who will know your whereabouts in five years)

Name of Person: _____ Relationship (parent,
etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____

E-Mail Address: _____

Current Contact Information (Where you currently reside)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____

Email (other than ECU): _____

Return this form during the eleventh week of your internship. Please mail directly to:

RCLS Department
Minges Coliseum
East Carolina University
Greenville, NC 27858-4353