



Gonzaga University School of Law

Student Contact Information

Contact Information

Name: _____

Mailing Address (while attending classes): _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Local Telephone Number: _____ Emergency Number: _____

Emergency Contact Information

The following information is used for emergency contact purposes only.

Emergency Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____