

Mat-Su College Telephone Tree *

Semester / Year: _____

Course Name, Number & Section: _____

* By placing my name and phone number on this form, I grant Mat-Su College permission to distribute my information for the purpose of this telephone tree only.

Each person calls two students. If you are unable to contact the students assigned to you, please continue calling the persons on the tree.

Participation in this phone tree is strictly voluntary. Without this information, you may not be notified of class cancellations or changes.

Instructor

