

**BIA - OFFICE OF TRUST SERVICES  
PATHWAYS INTERNSHIP PROGRAM**

1/13/16

**Employee Contact Information Request**

**PURPOSE:** The purpose is to collect information that the Pathways Program and Human Resources will use to contact you or in case an emergency arises. This data is required to update and maintain our employee database and will be used to send the majority of all employee notices, agency updates, alerts, publications, or other service updates electronically. This information will be held in the strictest of confidence.

EMPLOYEE INFORMATION	
Name ( <i>First and Last</i> ):	_____
Mailing Address (Bldg, Street, City, State Zip):	_____ _____
Name of College or University:	_____
Mailing Address (Bldg, Street, City, State Zip):	_____ _____
Primary Contact Email Address:	_____
Phone ( <i>Day</i> ):	(    ) _____ Cell or Landline ( <i>Circle one</i> )
Other ( <i>Evening</i> ):	(    ) _____ Cell or Landline ( <i>Circle one</i> )

EMERGENCY CONTACT INFORMATION	
Contact Name ( <i>First and Last</i> ):	_____ Relationship: _____
Street Address:	_____ City: _____ State: _____ Zip Code _____
Phone ( <i>Day</i> ):	(    ) _____ Other ( <i>Evening</i> ): (    ) _____

DECLARATION	
I verify that the information provided by me in this form is true and complete.	
Employee Signature: _____	Date: _____

**You can return this form to:**

**Mailing Address:**  
Office of Trust Services  
Bureau of Indian Affairs  
Attention: Gayla Schock  
1849 C Street, N.W.  
MS-4620-MIB  
Washington, D.C. 20240  
Telephone: (202) 208-6410

**Facsimile or Email Address:**  
Fax: (202) 208-2745  
[galya.schock@bia.gov](mailto:galya.schock@bia.gov)