

# Black Faculty and Staff Association

## Directory Request & Release Form

Please provide the following information:  
(Please fill out completely, print and mail to Libby Davis)

Name: \_\_\_\_\_

Job/Position Title: \_\_\_\_\_

Status (check one):      Full-Time     or Part-Time

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I acknowledge by completing this form I am granting BFSA permission to use this information in the association directory (web & hard copy) and related publications.