



**PORTLAND  
SEMINARY**

George Fox University

**Directee Personal Information**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

***Note: This information is kept by the director.***