Lewis & Clark College Graduate School of Education and Counseling Teacher Education Program

MENTOR CONTACT INFORMATION

Date:
Full Legal Name:
Former Name(s):
Preferred Name:
Date of Birth:
SSN:
Lewis & Clark Graduate? Year Graduated from LC: Degree earned at LC:
School Contact Information
District:
School:
Current Grade Level:
School Phone Number:
School E-mail Address:
Home Contact Information
Home Mailing Address:
Home Phone Number:
Cell Phone Number:
Home E-mail Address:

Please return this form by June 30, 2011

lcteach@lclark.edu

or

Fax: 503-768-6115