

**Glendale Community College
EMT Program
E-Mail List**

Instructor: _____ Course Code / Sect No. _____

Students: Are you interested in receiving e-mail from the EMT Dept. about upcoming classes, career opportunities, volunteer opportunities, and continuing education? If so, please fill out the information requested below. You are NOT required to provide us with your e-mail address. This is strictly voluntary. Those who provide their address will be added to our department's distribution list.

Print Clearly!!

NAME	E-MAIL ADDRESS

PLEASE GIVE TO YOUR INSTRUCTOR or email your request to
scarlett.perry@gcmail.maricopa.edu