

To: All Schuylkill Haven Area School District Employees

Subject: Phone Contact Numbers

We want to ensure we have accurate records for all employees for **SchoolMessenger** and ask your cooperation. Please provide current contact information.

EMPLOYEE PHONE CONTACT NUMBERS

RETURN FORM TO: Dr. Susan Morgan

Name _____ **Date** _____
First MI Last

Primary Phone # () _____
SchoolMessenger

Unlisted
Check if applicable

Secondary Phone # () _____
SchoolMessenger

**CELL # FOR
TEXTING**

Unlisted
Check if applicable

Personal Email _____
SchoolMessenger