



Cadet Contact Information

Cadet's Name: _____

Please provide your primary contact information between now and Swearing-In Day:

Home Address: _____
Street

City	State	Zip Code
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Home Phone Number: _____ Cellular Phone Number: _____

Other Phone Number: _____ E-Mail Address: _____

If you will be traveling between June 1st and Swearing-In Day, and not available at the contact information above, please provide your temporary contact information:

Dates for Temporary Contact Information: _____

Address: _____
Street

City	State	Zip Code
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Phone Number: _____ E-Mail Address: _____

Dates for Temporary Contact Information: _____

Address: _____
Street

City	State	Zip Code
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Phone Number: _____ E-Mail Address: _____

Please notify the Admissions Office immediately of any changes to your travel plans or contact information.

Return in White Envelope

Refer questions to: Chris McMunn at 860-701-6778 or Chris.A.McMunn@uscga.edu