



Hispanic/Latino
Alumni Council

HLAC MENTOR INFORMATION

(for program purposes only)

First Name: _____

Last Name: _____

Address: Street _____

City/Zip Code _____

Phone _____ (home __ or cell __)

Email Address: _____

Preferred method of contact: _____ email _____ text _____ (both ok)

Best time to contact: (specify time) _____ AM _____ PM

Latest Degree: (BA; BS; MA; PhD, etc.) _____ Year of graduation _____

College: _____

Major: _____ Minor _____

Place of Employment/Title:

Number of students willing to mentor: _____ (1 or 2)

I hereby consent to become an HLAC Mentor. I will abide by the stipulations of the HLAC Mentoring Program as contained in the HLAC Mentor's Packet.

Signature

Date

10/14