

**OLLI at UNC Asheville
Permission to Publish Contact Information**

Name _____

Signature _____ Date _____

For purposes of providing contact information for an OLLI program or activity,
I give permission to publish my contact information as follows for a period of 12 months:



___ In printed material

___ On the OLLI web site

___ Home phone number _____

___ Business phone number _____

___ Home e-mail address _____

___ Business e-mail address _____

___ Other _____