In an effort to maintain the Manitoba Emergency Services College (MESC) current instructor contact lists in all of our discipline areas, and to provide continued service to our clientele, we request that our instructors complete an “Instructor Contact Update” form. Please complete the following and place a ****beside the information that YOU AGREE TO HAVE RELEASED by the to departments requesting program instructors.

|  |
| --- |
| **Instructor Name:****Program(s) of Instruction in which you are a recognized MESC Instructor:** |
| **Release of Information** | **Contact Information** |
|  | Home Address (Street/box Number)Community Postal Code |
|  | Home Phone |
|  | Work Phone |
|  | Cell Phone |
|  | E-Mail |
|  | Emergency Services Affiliation Mutual Aid District |

**Forms can be returned to the Manitoba Emergency Services College by one of the above avenues.**

**Signature Date**