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**PLEASE PRINT CLEARLY OR USE TYPEWRITER**

## CGFNS Test Services Alternate Contact Person

Center number \_\_\_\_\_

Location \_\_\_\_\_

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### Dear Center Manager:

To provide backup support in emergency situations, we are requesting that you furnish CGFNS with the name, address and phone number of an alternate contact person. In the event something were to happen to you, it would be necessary for us to have the name of someone experienced in exam administration to carry on with the exam. We will be requesting this information each exam cycle. We sincerely appreciate your cooperation in preparing this alternate contact list. If at all possible, please name an individual outside your immediate household.

### Please complete the following:

Alternate contact person's name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If available: Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_