

***RE-SIGN SHEET***  
(1<sup>ST</sup> - 20<sup>TH</sup> of Jan, Apr, Jul, Oct)

**PLEASE PRINT ALL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST 4 OF SOCIAL SECURITY NUMBER OR CARD NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

BOOK NUMBER \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

\_\_\_\_\_  
*Signature*