



# INFORMATION LIAISON IDENTIFICATION FORM

SEPTEMBER 2023 - AUGUST 2024

Name:	_____		
Employee Number:	_____		
Class of Employment:	_____		
Workplace:	_____		
Phone Numbers:	_____	_____	_____
	<i>Home</i>	<i>Mobile</i>	<i>Work</i>
Email Addresses:	_____		_____
	<i>EMSB Email</i>		<i>Personal Email</i>

\_\_\_\_\_  
*Signature of Information Liaison*

\_\_\_\_\_  
*Date*



Please return the completed form to **Eva Liane Tubio**  
**Internal Mail: APPA – Fax: 514 254-7872 (217) – Email: [eltubio@appa.qc.ca](mailto:eltubio@appa.qc.ca)**