

Attention
All School of Health Professions and Nursing Alumni

WE WOULD LIKE TO HEAR FROM YOU

The School of Health Professions and Nursing is very interested in you, your current activities and any accomplishment you have made. Please take a moment and fill out the form below.

Name: _____ Year of Graduation: _____

Maiden Name (If applicable): _____ Degree: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ E-mail: _____

What are you currently doing? (i.e. who are you employed by?) _____

May we publish your announcements/accomplishments/ activities in the next newsletter? _____

Thank you for taking the time to respond. Please return this form to:
School of Health Professions and Nursing
C.W. Post Campus of Long Island University
720 Northern Boulevard
Brookville, NY 11548-1300

If you prefer, you can e-mail the information or any questions to:
healprof@cwpost.liu.edu
or call the Dean's office at (516) 299-2485

Visit the School of Health Professions and Nursing web site at www.liu.edu/health