

Michigan State University – College Of Human Medicine
Upper Peninsula Campus

Alumni Information Form

Name _____ Degree _____ Date _____

Maiden Name _____ Class of _____

Specialty _____

Business Mailing Address _____

County of Business _____

Home Mailing Address _____

Preferred Mailing Address: Business Home

Would you like to receive our newsletter by: Email Mail

Home Phone _____ Business Phone _____

Email _____ Fax Number _____

Comments or any other information _____

Please mail this form to:
Upper Peninsula Health Education Corporation
418 W. Magnetic Street
Marquette, MI 49855