

## COMMENTS FROM ALUMNI FORM

If you would take a minute to fill out the following information, and/or attach an additional page, we would like to share this information in future newsletters. If you have updates on name or address changes that you want us to know for your file, we would appreciate hearing from you on an ongoing basis. In either case, please send this information to: Physical Therapy Department, University of Michigan-Flint, 303 E. Kearsley St., Flint, MI 48502.

Name \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) Telephone No. (\_\_\_\_) \_\_\_\_\_

What would you like us to share about you in the alumni newsletter (where do you work, position, education, professional activities, awards, marriage, family, children, etc)?