



SIU School of Medicine Alumni Information Update

You may go online to provide your update at www.siumed.edu/alumniprofile or return this form in the enclosed envelope.

Name: _____ Maiden Name: _____

Name at Graduation: _____ Grad Year: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail (s): _____

Spouse/Partner: _____

Is your Spouse / Partner a SIU SOM Alumni? Yes No If yes, Grad Year: _____

Children (Please list first & last names, gender & birth dates):

Professional Status (check one only)

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Practice | <input type="checkbox"/> Residency | <input type="checkbox"/> Research |
| <input type="checkbox"/> Academic Practice | <input type="checkbox"/> Fellowship | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Military | <input type="checkbox"/> Retired | |

Specialty: _____

Work Organization Name: _____

Work Address: _____

Work City, State, Zip: _____

We welcome news about your personal or professional life that you would like to share with classmates and for "Class Notes" in Aspects:

Please check box if you do not wish for updates to be published in Aspects.

Please send us photos that you would like to share: alumniaffairs@siumed.edu