**MUFSP Alumni Update Form**

**Personal Contact Information:**

Full Name:

Other Names:       Class of:

Home Address:

Home City:       Home State:      Home Zip:

Telephone Number:

Preferred Email Address:

Include Home Address in Alumni Directory?  Yes  No

Include Telephone in Alumni Directory?  Yes  No

Include Preferred E-mail Address in Alumni Directory?  Yes  No

**Alumni Employment Information:**

Employer:

Department:

Job Title:

Employer’s Address:

Work Email Address:

Work Phone:       Work Fax:

Include Work Location in Alumni Directory?  Yes  No

Include Work Address & Phone in Alumni Directory?  Yes  No

**Alumni Updates:**

Please list any accomplishments you wish to share (promotion, marriage, children, degrees attained post-MUFSP, research, presentations, etc.)

Please fill out this form and return it to us via email [forensics@marshall.edu](mailto:forensics@marshall.edu), fax 304-690-4371, or mail-to:

Marshall University Forensic Science Program

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