**ALUMNI** 🞟 **RECORD** 🞟 **UPDATE**

University of Hawai‘i at Mānoa 🞟 Office of Public Health Studies

# **Name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PREFIX | **FIRST NAME** | **M.I.** | **LAST NAME/FAMILY NAME** | **SUFFIX** |
| (e.g., Dr./Mr./Ms.)      |  |  |  | (e.g., Sr./Jr./II) |
| **NAME AT TIME OF ATTENDANCE\***  | **DEGREE EARNED** | **SPECIALIZATION** | **SEM/YR GRADUATED** |
| \*Provide only if different from current name. | **[ ]  MPH** **[ ]  MS****[ ]  DrPH** **[ ]  PhD** |  |  |

# **Contact information**

|  |
| --- |
| HOME ADDRESS (Line 1) Street Number / Street Name |
|  |
| HOME ADDRESS (Line 2)  |
|  |
| **CITY** | **STATE/PROVINCE** | **ZIP/POSTAL CODE** | **COUNTRY** (if not USA) |
|  |  |  |  |
| **HOME E-MAIL ADDRESS** | **PHONE#** | **HOME ADDRESS VALID UNTIL** |
|  |  | Date: | **[ ]** Permanent Address |
|  |
| JOB TITLE/POSITION |
|  |
| CURRENT EMPLOYER |
|  |
| BUSINESS ADDRESS (Line 1) Street Number / Street Name |
|  |
| BUSINESS ADDRESS (Line 2)  |
|  |
| **CITY** | **STATE/PROVINCE** | **ZIP/POSTAL CODE** | **COUNTRY** (if not USA) |
|  |  |  |  |
| **BUSINESS E-MAIL ADDRESS** | **BUS. PHONE#** | **BUSINESS ADDRESS VALID UNTIL** |
|  |  | Date: | **[ ]** Indefinitely |

**PREFERRED EMAIL CONTACT ADDRESS:** [ ]  **HOME** [ ]  **BUSINESS**

Go to page 2 🡪

# Page 2Alumni Record Update Form

# **PROFESSIONAL ACHIEVEMENTSPlease list your RECENT professional and educational achievements:**

|  |
| --- |
|        |

#  **Personal Accomplishments**

**RECENT personal and/or family accomplishments you wish to share:**

|  |
| --- |
|       |

**May we publish your recent achievements on our Alumni webpage and/or in our newsletter?**

**[ ]  Yes**

**[ ]  No**

Please return to:

UHM Office of Public Health Studies

1960 East West Road, Biomed D-204

Honolulu, HI 96822

or send via email to: ophsas@hawaii.edu