

Transportation Center

Alumni Update Form

Please out the following information for the Transportation Center Alumni Directory. Return this form to Diana Marek, Transportation Center via FAX to 847-491-3090 or via e-mail to: d-marek@northwestern.edu.

Name:

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name (if applicable): _____

Program Information:

Degree Program: _____ School/Department/Major: _____

Years Studied: _____ Month/Year Graduated: _____

Preferred Address: Home Business

Preferred E-mail: Home Business

Home Information:

Address 1: _____

Address 2: _____

City: _____ State/Prov.: _____ ZIP/Postal Code: _____

Country (if other than USA): _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Business Information:

Position Title: _____

Department: _____

Company/Organization: _____

Address 1: _____

Address 2: _____

City: _____ State/Prov.: _____ ZIP/Postal Code: _____

Country (if other than USA): _____

Business Phone: _____ Business Fax: _____

Business E-mail: _____

Personal Data:

Spouse's Name (if applicable): _____

Children's names/ years of birth (if applicable): _____