



# Penn Dental Medicine

## *Alumni Mailing Request Form*

Please allow a minimum of one week for the processing of your request. You may be contacted for additional information in support of your request. The mailing list will be sent to you via email as a Microsoft Excel file. **As our alumni records are being constantly updated, the list may only be used once.** If you have any questions or need more information, please contact the Office of Development and Alumni Relations at 8-8951.

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the purpose of this mailing? (*A sample of the mailing must be attached to this request.*)

Newsletter       Event Invitation       Announcement       Solicitation

Other: \_\_\_\_\_

Description of alumni group requested (e.g., all graduates of the Endodontic Program): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree that the mailing list I receive will only be used for the purpose described above and will not be shared with any Penn-affiliated or outside individual or organization. In addition, I will send any returned mail to the Office of Development and Alumni Relations so Penn's alumni records database can be updated in a timely manner.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Please return this completed form with a sample of the mailing to:**  
Office of Development and Alumni Relations  
F23 Evans/6030  
Fax 3-1791