



## Class Notes

Please take a moment to fill out this form.  
When you are finished, mail or fax it to the address at the bottom of the page.

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Class Year** \_\_\_\_\_ **Degree** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

May we display your email address on our web site?    Yes    No

### Your Class Notes Information

Please use this space to provide any further information about yourself, your career, or any information you would like to share regarding your life beyond Jackson Community College.

We will not publish any personal information without your consent. By filling out and mailing this form your information will be added to our private records. Can we use your information in our publications (JCC Today, Alumni web site, etc.)?    Yes    No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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