



**Northeast Academy
for Health Sciences and Engineering
Alumni Information Sheet**

Name _____

Year Graduated _____

Are your kids or spouse Northeast alumni or students? (If yes, names) _____

Phone Number _____

Address/City/State/Zip _____

E-mail address _____

Are you willing to volunteer? _____

Would you like to receive updates? _____

Current Occupation/Career _____

Who was your favorite teacher? _____

Would you like to be invited to be part of committees/advisory boards concerning Northeast?

University(s)/College(s)/Trade School(s) Attended? _____

Significant things you are a part of _____
