



## FOR PARENTS AND FAMILY MEMBERS

We are assessing your interest in joining a parents/family member SUNY Downstate listserv for 2006-2007. As a member of the listserv, you would receive electronic newsletters and information which would help you keep in touch with SUNY Downstate and events that impact on your SUNY Downstate medical student. If you are interested in joining this listserv, please complete the form below and return it by August 14, 2006 to:

Office of Student Affairs, SUNY Downstate Medical Center,  
450 Clarkson Avenue, Box 85, Brooklyn, New York 11203

☐ No, I do not want to join the listserv

☐ Yes, I do want to join the listserv      [Make additional copies of this form if needed]

**please print clearly**

Name of Your Medical Student \_\_\_\_\_  
First Last

Your Name \_\_\_\_\_  
First Last

Your Mailing Address \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip Code

Telephone Number (optional) \_\_\_\_\_  
area code

Your Email Address \_\_\_\_\_

Your Occupation \_\_\_\_\_

Do You Check Your Email ☐ Daily      ☐ Once a Week      ☐ Less than Once a Week

What are you most interested in hearing about? \_\_\_\_\_