



## Alumni Status

To notify the St. Luke's Alumni Association of a change in your name and/or address, please download and complete this form. Mail the completed form to:

**Alumni Association of St. Luke's School of Nursing**

P.O. Box 1857  
Bethlehem, PA 18016-1857

Feel free to e-mail the information to Sandra Tirpak Davidyock, President, at [s.davidyock@yahoo.com](mailto:s.davidyock@yahoo.com).

NAME CHANGE	
Full name at time of Graduation	
New Name	
Graduation Year	
Previous married name if applicable	

For **address change** please include all of the above information plus the following:

ADDRESS CHANGE	
<b>Old Address:</b> Street City, State Zip Code	
<b>Effective date of New Address</b>	
<b>New Address:</b> Street City, State Zip Code	
<b>Telephone Number</b> (optional)	
<b>E-Mail Address</b>	