Hudson *Alumni* Association
550 E. Main St. • Hudson, Michigan 49247 • 517-448-8912, Ext. 456

Information Request Form

Please complete this form and return it to the Hudson Alumni Association by clicking Submit or mailing the form back to the address above. We appreciate your help in ensuring that our records are complete.

Name:_____ Maiden Name:_____

Graduating Year: _____Phone: _____

Address: _____

City/State/Zip:_____

Email Address:_____

Occupation (if retired, please provide your occupation before retirement):_____

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Any other information you would like to share:_____

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