



Alumni Registration Form

Please register me with The Career Center.
(print out and return this completed form to The Career Center)

Date:

First Name:

Middle Name:

Last Name:

Maiden Name:

Nickname:

Mailing Address:

City:

State:

Zip Code:

Class:

E-mail:

Please make check payable to: University of Colorado at Denver

The Career Center
PO Box 173364
Campus Box 138
Denver CO 80217-3364