OSHER LIFELONG LEARNING INSTITUTE

INFORMATION REQUEST

Today's Date		/ /			
First		**Last**			
Address					
City		**State**		**Zip Code**	
Phone		**Cell Phone**			
E-mail Address					
Any SCU Affiliation?	❑ Alumnus/a ❑ Retired Faculty or Staff Member ❑ Parent ❑ Other _____				
Source?	❑ Catalog ❑ Info Flyer ❑ Info Session ❑ Website ❑ Ad _____ ❑Member Referral: _____ ❑ Called ❑ Email ❑ Letter/ Postcard ❑ Other				
Questions/ Comments					
Taken By					
Sent By					