

Millersville University

Retiree Questionnaire

Name:

Address:

Phone Number:

Email:

*Please share your personal, not Millersville.edu email. Providing your most up-to-date contact information will help us keep our records accurate.

Please share some information about yourself for publication in the Review Magazine or other campus communications.

Years of employment at Millersville: From _____ to _____

Position(s) held at Millersville:

Department/Division Served:

Fondest Memories of Your Time Spent at Millersville:

Highlights and Activities Since Retiring (book publishing, volunteer service, travel, hobbies, etc.)

Help us serve you better

What types of events or programs at Millersville University would you be interested in participating in, volunteering at, or attending?

Educational Seminars _____ Travel _____

Computer/Information Technology Sessions _____

Performances _____ Athletic Events _____

Homecoming/Reunions _____ Other _____

What retiree benefits would you like to learn more about?

Library Access _____ Use of Gym Facilities _____

Parking Pass _____ Volunteer Service _____

Retiree ID Card _____ Access to campus events _____

Access to athletic events _____

Please mail to:

Millersville University
Attn: Heather Morris
Duncan Alumni House
PO Box 1002
Millersville, PA 17551

Or email to:

heather.morris@millersville.edu