



Environmental Health Sciences Program
Department of Health Education and Promotion
Exit Interview Personal - Information: Please complete and return to:
Environmental Health Sciences, Belk AH Bldg. Rm 310, Greenville, NC 27858-4353

Date: _____ **Semester of Graduation:** _____

Degree: _____

Name: _____

SS#: _____ **Age:** _____ **Gender:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: _____

Work Telephone: _____

E-mail address (not ECU): _____

Work e-mail address: _____

Name, address and telephone number of someone who will always know how to contact you:

Name: _____ **Telephone:** _____

Address: _____
Street Address City State Zip

Company Employed by: _____

Address: _____
Street Address City State Zip

Fax #: _____

Telephone: _____

Please help us keep our records current. If you move or change jobs, please let our office know. You can e-mail the changes to: foxs@mail.ecu.edu