



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

Hometown Newspaper Notification Form for Graduates

If you would like us to notify your hometown newspaper of your graduation from New York Medical College, please complete this form and return it to the Office of Public Relations at the address listed below. Please note information will not be sent to newspaper until after graduation.

First Name _____ Middle Initial ____ Last Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Parents' Name(s) _____

Parents' Residence: City _____ State _____

Hometown Newspaper _____

Newspaper Street Address (Required) _____ City _____ State _____ Zip _____

Newspaper email _____

Degree(s) you will earn _____

M.D. Residency Program _____ Location _____

Public Health M.S. in _____ M.P.H. in _____ D.P.T. _____ Dr.P.H. in _____

Basic Medical Sciences M.S. in _____ Ph.D. in _____

Undergraduate Education Institution _____
Degree earned _____ Year _____

Graduate Education Institution _____
Degree earned _____ Year _____

Return form to: **New York Medical College**
 Office of Public Relations
 40 Sunshine Cottage Road
 Valhalla, NY 10595

Please contact lori.perrault@nymc.edu or call 914-594-4536 if you have any questions. Please submit information by May 17, 2019.