

Submit a Memory

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Rough Date or Range: \_\_\_\_\_

Please include at least a year if possible.

File name of photo or photos submitted: \_\_\_\_\_

Describe and tell about your memories for your time spend in the Department of Geosciences:

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Your submission acknowledges your consent for the Department of Geosciences to your use materials on social media, for marketing or other purposes deemed appropriate by the Department of Geosciences.