



Please complete the following information on the retiring/retired faculty member for whom you are submitting this recommendation. This information will NOT be shared in the Board of Regents meeting materials but is necessary for the retiree to receive his or her emeritus benefits.

Name: \_\_\_\_\_

EID#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please forward this completed 2 page form to:

Provost Office  
Academic and Student Affairs  
106 Welch Hall