



VALPO

**NURSING & HEALTH
PROFESSIONS**

MONTH YEAR

Dear First Last,

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Go Beacons!

**FIRST LAST
TITLE**

**OFFICE/DEPARTMENT/COLLEGE
FIRST.LAST@VALPO.EDU
219.464.XXXX**

**BUILDING NAME
ADDRESS
VALPARAISO, IN 46383**

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**FIRST LAST
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