

FROM THE DESK OF  
**FIRST LAST**  
TITLE

**VALPO**

**NURSING & HEALTH  
PROFESSIONS**

**MONTH YEAR**

Dear First Last,

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## Go Beacons!

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

**BUILDING NAME**  
**ADDRESS**  
**VALPARAISO, IN 46383**