



ALUMNI INFORMATION FORM

NAME: _____
Last First Middle Maiden

Please check the appropriate designation:

Graduate of Class of _____ Former Student Attended Years of _____

HOME ADDRESS: _____
Street

City State Zip+ Four

HOME TELEPHONE: _____
Area Code Number

WORK TELEPHONE: _____
Area Code Number

POSITION: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____
Street

City State Zip+Four

E-MAIL ADDRESS(ES): _____

NAME OF SPOUSE: _____

NAMES AND AGES OF CHILDREN: _____

YOUR DATE OF BIRTH: _____

YOUR WEDDING DATE: _____

ORGANIZATION MEMBERSHIPS AT TOUGALOO COLLEGE: _____

GRADUATE AND/OR PROFESSIONAL DEGREES (please list degree, year awarded and institution)

Please check if permission given: Permission given to include information in College publications.

Please email to djrobinson@tougaloo.edu OR fax to (601) 977-4492 OR mail to: Tougaloo College - Office of Institutional Advancement, 500 West County Line Road - Tougaloo, MS 39174