

Tougaloo College Alumni Information Form
(Please complete ALL information and indicate preferences using the boxes)

First Name _____ Middle _____ Last _____ Maiden _____

Home Address

City _____ State _____ Zip _____

Business Address _____ Title _____

City _____ State _____ Zip _____

Date of Birth _____

Home phone _____ Business _____ Cell _____

Email address _____ Year of graduation/last date of attendance _____

Greek Affiliation _____ Clubs/organizations (choir, pre-law, etc.) _____

Titles or positions held (Miss/Mr. Tougaloo, SGA president, etc.) _____

Present Employer _____ Career/profession _____

Are you interested in:

- yes no Helping plan class reunions
- yes no Hosting alumni gatherings at your home
- yes no Phone-a-thons
- yes no Recruitment
- yes no Assist OIA/Alumni Affairs with mailouts, phone calls, general office duties

Family Information: Single Married Widowed Children

Name(s) of Children _____

(Spouse) First _____ Middle _____ Last _____ Maiden _____

Tougaloo Graduate? yes no If yes, what year _____ Greek Affiliation _____

Clubs/organizations _____ Positions held _____

Are other members of your immediate family Tougaloo College graduates? If so, please provide the following:

Full name _____ Relationship _____ Class year _____ Contact Number _____

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