

Date: \_\_\_\_\_

# ALUMNI INFORMATION FORM

(Senior Clearance)

NAME: \_\_\_\_\_  
*Last First Middle Maiden*

CLASS OF \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip+ Four*

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS (ES): \_\_\_\_\_

ORGANIZATION MEMBERSHIPS AT TOUGALOO COLLEGE: \_\_\_\_\_

GRADUATE /PROFESSIONAL PLANS:

ALTERNATE CONTACT INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

ARE OTHER MEMBERS OF YOUR IMMEDIATE FAMILY TOUGALOO COLLEGE GRADUATES? IF SO, PLEASE PROVIDE THE FOLLOWING: (Continue on back if needed)

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_  
*Address City/State/Zip Phone*

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_  
*Address City/State/Zip Phone*

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_  
*Address City/State/Zip Phone*

ADDITIONAL INFORMATION: \_\_\_\_\_

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

Please email to [dbridgeman@tougaloo.edu](mailto:dbridgeman@tougaloo.edu) and [cmwithe@tougaloo.edu](mailto:cmwithe@tougaloo.edu) or mail to:

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