ALUMNI INFORMATION FORM

(Senior Clearance)

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, PLIPROVIDE THE POLLOWING: (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 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:	NAME:		· · · · · · · · · · · · · · · · · · ·			
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	ADDITIONAL INF					
Please check if permission given: Permission given to include information in College publications.						

Please email to $\underline{\textit{abridgeman@tougaloo.edu}}$ and $\underline{\textit{cmwithe@tougaloo.edu}}$ or mail to:

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