

# ALUMNI INFORMATION FORM



DATE: \_\_\_\_\_

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

Please check the appropriate designation:

\_\_\_ Graduate of Class of \_\_\_\_\_ Major \_\_\_\_\_ Former Student Attended/Years of \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip+ Four*

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_  
*Area Code Number Area Code Number*

POSITION: \_\_\_\_\_

COMPANY/ORGANIZATION: \_\_\_\_\_ Matching Gift Program \_\_\_ Y \_\_\_ N

ADDRESS: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip +Four Digit*

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

NAME OF SPOUSE: \_\_\_\_\_

NAMES AND AGES OF CHILDREN: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WEDDING DATE: \_\_\_\_\_ WERE YOU MARRIED ON CAMPUS? \_\_\_\_\_

ORGANIZATIONAL MEMBERSHIPS AT TOUGALOO COLLEGE: \_\_\_\_\_  
\_\_\_\_\_

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

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

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*

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

Please email to [dbridgeman@tougaloo.edu](mailto:dbridgeman@tougaloo.edu), fax to (601) 977-4492 or mail to: Tougaloo College Alumni Update – P.O. Box 288 - Tougaloo, MS 3917