

# 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*

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

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

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

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

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

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 your information in College publications.

Please email to [dbridgeman@tougaloo.edu](mailto:dbridgeman@tougaloo.edu) and [cbmayfield@tougaloo.edu](mailto:cbmayfield@tougaloo.edu),

or mail to: Office of Alumni Relations . 500 West County Line Road . Tougaloo, MS 39174