



Date: _____

ALUMNI INFORMATION FORM

(Senior Clearance)

NAME: _____
College 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.

*Tougaloo College
Division of Institutional Advancement - Alumni Relations
Alumni House - First Floor
500 West County Line Road
Tougaloo, MS 39174
601.977.7836*