

ALUMNI CONTACT CARD

Name: _____

Years of Attendance: _____ Graduation Date: _____ Certificate A.E.T. A.A.S. A.A. A.S. A.S.T.

Major(s): _____

Request for Name and/or Address Change (Note: Updating your Alumni Records will automatically update your Academic Records.)

Name: _____ ID Number: _____

Please print your name as it is currently listed on your Academic Records.

Please check all that apply:

Name Change (Please print your name as you wish it to appear on your Alumni and Academic records.)

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address has not changed since enrollment.

Address Change (Please provide your current mailing address.)

Street/Route/Box Number: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ / _____ Cell Number: _____ / _____
Area Code Telephone Number Area Code Cell Number

E-mail: _____

Signature: _____ Date: _____

Administrative Use Only Date Received by Alumni Affairs: _____ Initials: _____

Date Received by Admissions and Records: _____ Processed By: _____ Date: _____

Have news about your career, continuing education, or family? Share your news item with Northeast State by completing the information below.

Employed by: _____ Title: _____

Employed since: _____ Location: _____
Month/Year

Additional Certifications or Degrees:

Degree/Year: _____ Major: _____ Institution: _____

Degree/Year: _____ Major: _____ Institution: _____

Degree/Year: _____ Major: _____ Institution: _____

Family Information

Spouse's Name: _____ Northeast State Alumni? Yes No

Name(s)/Age(s) of Children: _____

Other News: _____

Permission to add to online directory? Yes No Signature: _____