

MIDDLE GEORGIA STATE COLLEGE ALUMNI UPDATE FORM

for graduates of Middle Georgia State College - Middle Georgia College - Macon State College

Mail completed form to **Middle Georgia State College Office of Development & Alumni Affairs, 100 College Station Drive, Macon, GA 31206-5145.**

Your information is strictly safeguarded and used solely for the benefit of Middle Georgia State College. Personal data is never distributed or sold to an outside party.

GENERAL INFORMATION

Name: _____
Last First Middle Maiden

Last 4 Digits of Social Security Number: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

Street Address: _____

City, ST, Zip: _____

Employer: _____ Position/Title: _____

Work Address: _____

City, ST, Zip: _____

Home Phone: (_____) - _____ Cell Phone: (_____) - _____ Work Phone: (_____) - _____
Area Code Number Area Code Number Area Code Number

Home Email: _____ Work Email: _____

COMMUNICATION PREFERENCES (In each category, please select ONE as your preferred primary method of contact.)

Mailing Address: Home Work Email Address: Home Work Phone: Home Cell Work

GRADUATION HISTORY (Check all that apply)

Middle Georgia State College: Degree _____ Major _____ Year _____

Primary Campus of Attendance (Check one): Macon Cochran Warner Robins Eastman Dublin

Middle Georgia College

Degree _____ Major _____ Year _____

Degree _____ Major _____ Year _____

Macon State College

Degree _____ Major _____ Year _____

Degree _____ Major _____ Year _____

Other - Name of Institution: _____

Degree _____ Major _____ Year _____

COMMENTS
