



ALUMNI SERVICES

Please Complete and Return

Union ID # _____

Full Name: _____ Preferred Name: _____

Spouse Name (if applicable) _____ Did Spouse Attend Union Yes No

Post Graduation Address: _____

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail Address After Graduation: _____

Name and Address of Parents or Close Relative: _____

I have accepted employment with (name of company): _____

Job Title: _____ Work Phone Number: (_____) _____

At Union I was a member of the following organizations (ie. Academic, Greek, Athletic, etc.): _____
