

ALUMNI AFFAIRS UPDATE FORM

Walters State Community College
500 South Davy Crockett Parkway
Morristown, Tennessee 37813-6899

Request for Name and/or Address Change

Please complete each item in pen or type. If an item does not apply to you mark NA.

Name Mr. Ms. Mrs. Other _____
Last First *Middle Maiden Date of Birth MM / DD / YY
*Required

Name by which you were known while a student at WSCC _____

Home Address No. Street City State Zip Code

Home Phone _____ Work Phone _____

Cell/Other _____ E-Mail _____

WSCC Graduation/Transfer Date Semester Year Class of _____

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

Employed by: _____ Title: _____
Employed since: _____ Location: _____
Month/Year

Additional Certifications or Degrees:

Certificate/Degree _____ Year _____ Institution: _____
Certificate/Degree _____ Year _____ Institution: _____
Certificate/Degree _____ Year _____ Institution: _____

Family Information:

Spouse's Name: _____ Date of Birth MM / DD / YY
Last First *Middle Maiden *Required

Is your spouse a WSCC alumni? Yes No If yes, year of his/her graduation/transfer _____

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

Other News: _____

ALUMNI CONTACT INFORMATION

Mail to: Walters State Community College
Office of Alumni Affairs
500 S. Davy Crockett Parkway
Morristown, TN 37813-6899

Email: alumni@ws.edu
Phone: 423-585-6976
Fax: 423-318-2704

In order to keep accurate records, please keep the WSCC Alumni Office informed of any changes in your name or address

Signature

Date