

# ALUMNI INFORMATION UPDATE FORM

## HARRIS-STOWE STATE UNIVERSITY

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Business/ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Names \_\_\_\_\_

I am a graduate or former student of one or more of the institutions listed below (check all that apply):

- |                                                                       |                             |
|-----------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Harris-Stowe State University (2005-present) | Year(s) of Attendance _____ |
| <input type="checkbox"/> Harris-Stowe State College (1979-2005)       | Year(s) of Attendance _____ |
| <input type="checkbox"/> Harris-Stowe College (1977-1979)             | Year(s) of Attendance _____ |
| <input type="checkbox"/> Stowe Teachers College (1890-1954)           | Year(s) of Attendance _____ |
| <input type="checkbox"/> Harris Teachers College (1857-1977)          | Year(s) of Attendance _____ |

Degree Received (if applicable) \_\_\_\_\_ Year Received \_\_\_\_\_

Major \_\_\_\_\_ My photo is enclosed  Yes  No

I give Harris-Stowe State University permission to use my photo on the official college Web site and in Harris-Stowe State University publications. \_\_\_\_\_ (signature)

Membership on Civic Clubs, Greek Organizations, Boards, etc. \_\_\_\_\_

I would like to share the following news with my fellow alumni (check all that apply and write on the back of this form or attach extra pages, if necessary):

- |                                 |                                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Births | <input type="checkbox"/> Promotions, Awards, Honors, Retirement                                |
| <input type="checkbox"/> Deaths | <input type="checkbox"/> Special Activities (trips, performances, publications, hobbies, etc.) |



Please return completed forms to:  
Office of Alumni Affairs, Room 110 • Harris-Stowe State University  
3026 Laclede Avenue • St. Louis, MO 63103 • Office: (314) 340-3386 • Fax: (314) 340-3575