



Personal Update Form

SIUE Foundation
Campus Box 1082
Edwardsville, IL 62026

Please complete and submit this form to update information on your SIUE alumni or donor record.

Personal Information:

Preferred Title (please indicate one): Mr. Mrs. Miss Ms. Dr. Other: _____

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Name at time of graduation (if different now): _____

Phone (land line): (____) _____ Phone (cellular): (____) _____

Personal E-mail Address: _____

Marital Status: _____ Is your spouse an SIUE Grad? Y N Year: _____

Spouse's Full Name: _____

Employment Information:

Employer: _____

Position or Title: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Extension: _____

Business E-mail Address: _____