



HINDS COMMUNITY COLLEGE ALUMNI DATA SHEET

GENERAL INFORMATION	CONTACT INFORMATION
Title _____ Last Name _____ First Name _____ Maiden Name _____ Birthday _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status _____ Spouse's Name _____ Did your spouse attend Hinds? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Children (& current ages) _____	Mailing Address _____ City _____ State _____ Zip Code _____ Email Address _____ Home Phone # _____ Cell Phone # _____ Place of Employment _____ Job Title _____
HINDS INVOLVEMENT	

Year you entered Hinds _____ Year you left Hinds _____
 Major while at Hinds _____



Please list any activities/honors while a student at Hinds (include year):

Clubs/Organizations	Honors/Achievements	Religious Organizations	Athletics

Please mail to: Institutional Advancement Office, Hinds Community College, P O Box 1100, Raymond, MS 39154-1100