



LINCOLN UNIVERSITY ALUMNI RECORD UPDATE

(Mail completed form to Lincoln University Office of Alumni Affairs, 818 Chestnut Street, Jefferson City, MO 65102 or email to griffins@lincolnu.edu or cavec@lincolnu.edu)

ALUMNI INFORMATION:

Name _____ (_____) Nickname _____
First Middle Last Maiden

Marital Status: Married Divorced Separated Significant Other Single Widowed

Ethnicity: African-American Asian Caucasian Hispanic Native-American Other _____

Street Address _____ City _____ State _____ Zip _____

Home Phone: _____ FAX: _____ Email Address: _____

Year Graduated: _____ Degree Earned: _____ Major: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

Self Employed/Business Owner? Yes No If Yes - Nature of Business _____

Profession/Job Title: _____ Employer/Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Email Address: _____

Extra Curricular Activities While at LU: Band Choir Football Team Basketball Team Dance Troup

SGA/Office Held _____ Fraternity/Sorority _____

Other _____

SPOUSE INFORMATION:

Name _____ (_____) Nickname _____
First Middle Last Maiden

Ethnicity: African-American Asian Caucasian Hispanic Native-American Other _____

Street Address _____ City _____ State _____ Zip _____

Home Phone: _____ SSN: _____ Email Address: _____

LU Graduate? Yes No Year Graduated: _____ Degree Earned: _____ Major: _____

Date of Birth: _____ Place of Birth: _____

Self Employed/Business Owner? Yes No If Yes - Nature of Business _____

Profession/Job Title: _____ Employer/Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Email Address: _____

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Other _____