

The Alumni Office is in the process of updating its records and we solicit your support by completing and returning this form.

ALUMNI INFORMATION

PLEASE TYPE OR PRINT

Name _____
LAST FIRST MAIDEN MIDDLE NAME

Spouse's Name _____ Morris College Graduate? _____

Home Address _____
NO. STREET CITY STATE ZIP

If this is a new address, please list the old address _____

Telephone Numbers _____
HOME BUSINESS

E-mail Address _____ Fax number _____

Employer _____ A Matching Gift Co.? _____

Employer's Address _____
NO. STREET CITY STATE ZIP

Profession _____

If Retired: Year _____ Last Position _____

EDUCATIONAL BACKGROUND

Years Attended Morris Major/Minor Field Degree & Year Received

Graduate or Professional School Major Field Degree & Year Received

Additional Studies Major Field Degree & Year Received

Would you like to serve as a reunion representative for you class? _____

Send this form to: Office of Alumni Affairs, 100 West College Street, Sumter, South Carolina 29150, or e-mail to afdeas@morris.edu, or fax to (803) 773-3687 to the attention of Altoya Felder-Deas, Alumni Affairs Officer.