

Alumni Information Update



To complete online, scan here:

You can send your completed form to us using the included envelope or you can scan and email it to us: alumnirelations@siumed.edu. You may also choose to go online to provide us your update: www.siumed.edu/alumniprofile

Name:		Previous Name(s):		
Name at Graduation: _		_Grad Year:	Preferred Class Year (for Reu	nion):
Home Address:				
City, State, Zip:				
Preferred Phone:		Cell:	Work:	
Email (s):				
Marital Status (optional	nal):Spouse/Partner:			
Date of Marital Change	(new marriage, divo	orce, etc.):		
Is your Spouse / Partne	er an SIU SOM Alum	nus? □ Yes □ No	If yes, Grad Year:	
Children (Please list fire	st & last names, ger	nder & birth dates):		
Professional Status (ch				
☐ Practice ☐ Academic Practice ☐ Administration		☐ Research ☐ Military Reside ☐ Military Praction		
Specialty:				
Work Organization Nan	ne:			
Work Address:				
Work City, State, Zip: _				
We welcome news abo	ut your personal or	professional life tha	you would like to share with clas	ssmates:
☐ Please check box if y	ou do not wish for ur	odates to be shared v	rith vour classmates	
-	_		coming newsletters or social media p	oosts
Please se	nd us any photos th	nat you would like to	share: alumnirelations@siumed	.edu