FORM - 2

ALUMNI OFFICE

Walters State Community College
500 South Davy Crockett Parkway
Morristown, Tennessee 37813-6899

Please complete each item in pen or type. If an item does not apply to you mark NA.

Name ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss _____ (Last / First / *Middle / Maiden) Soc. Sec. No. ____ – ____ – ____

*Required

Name by which you were known while a student at WSCC _____

Home Address _____ (No. / Street / City / State / Zip Code)

Home Phone _____ Work Phone _____

Cell/Other _____ E-Mail _____

High School Attended _____ (Name / City / State)

WSCC graduation date _____ (Semester / Year) Beginning enrollment at WSCC _____ (Semester / Year)

Degree/certificate received _____

Membership and position(s) held in WSCC clubs and/or athletic organizations _____

Name of spouse _____ (Last / First / *Middle / Maiden) Soc. Sec. No. ____ - ____ - ____

*Required

Is your spouse a WSCC graduate? ☐ Yes ☐ No Year of his/her graduation _____

Parents' information (If parents' are deceased, please list an address where you can always be reached)

☐ Parent ☐ Other _____ (state relationship)

Name _____

Phone Number _____

Address _____ (No. / Street / City / State / Zip Code)

Please keep the WSCC Alumni Office informed of any changes in your name or address

_____
Signature

_____
Date