

# Theatre & Dance Alumni Information Form

(Please provide the following information for our records.)

<b>PERSONAL INFORMATION</b>	Date _____
Name: _____ (Last) (First) (Middle) (Maiden)	
Home Address: _____ (Street) (City) (State) (Zip Code)	
Home Telephone: (____) _____	Social Security Number: _____
Fax: (____) _____	E-Mail Address: _____
Date of Birth: _____	Sex: $\pi$ M $\pi$ F
Marital Status: $\pi$ M $\pi$ S $\pi$ D $\pi$ W	Date of Marriage: _____

<b>SOUTHEAST DEGREE INFORMATION</b>	
Year: _____	Year: _____
Degree: _____	Degree(s): _____
Major(s): _____	Major(s): _____
Your Organization Affiliation(s) at Southeast: _____	
_____	

<b>YOUR EMPLOYER</b>		
Name _____		
Position Title _____		
Address _____		
_____		
Phone _____	Fax _____	E-Mail _____

<b>SPOUSE INFORMATION</b>			
Spouse's Name: _____ (Last) (First) (Middle) (Maiden)			
Children (Full names & birth dates): _____			
_____			
Spouse's Employer (Name, address, phone & <u>job title</u> ): _____			
_____			
Spouse's Southeast Grad Year: ____ Degree(s): _____ Major(s): _____			

<b>If applicable, please enclose your stage/film/television resume and your 8x10" headshot.</b>	
<b>Return all forms, headshot, &amp; resume to:</b> Dr. Kenn Stilson, Chair Department of Theatre & Dance Southeast Missouri State University 1 University Plaza; MS 2800 Cape Girardeau, MO 63701	Telephone: (573) 986-6818 Email: <a href="mailto:kstilson@semo.edu">kstilson@semo.edu</a> Fax: (573) 986-6175