

UPDATE YOUR RECORD

Please call (334) 844-2960 or print this form and mail/fax to:

Auburn Records
317 South College Street
Auburn University, AL 36830
Fax: (334) 844-2959

GENERAL INFORMATION (*indicates required field)

*First Name: _____

*Middle Name: _____

*Last Name: _____

Maiden Name: _____

Graduation Year: _____ Degree/Major: _____

Last 4 digits Social Security Number or *Alumni ID Number: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

E-mail Address: _____

College Activities (honor societies, athletics, greek affiliation, etc.): _____

FAMILY INFORMATION

Spouse's First Name: _____

Spouse's Middle Name: _____

Spouse's Last Name: _____

Spouse's Maiden Name: _____

Spouse's Social Security Number or Alumni ID Number: _____

Graduation Year (*if alumnus*): _____ Degree/Major: _____

Spouse's College Activities (honor societies, athletics, greek affiliation, etc.): _____

Children (Names and Ages): _____

MILITARY INFORMATION

Branch: _____ Rank: _____

BUSINESS INFORMATION

Occupation: _____

Business Name: _____

Business Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____