

Alumni Information Update Form – Glen Oaks Community College

Last Name While Attending Glen Oaks:

Date of Birth:

_____ mm/dd/yyyy

First Name:

Current Last Name:

Middle Initial:

GOCC Degree or Certificate:

Year Earned:

Street Address:

City:

State:

Zip:

It is our policy to not sell or share your information. It will be saved and used only for Glen Oaks Community College to continue to communicate with you in the future.

Telephone:

Email Address:

Spouse Name:

Current Employer:

Job Title/Position

Business' primary product or service:

Organizations/Clubs you currently belong to:

Did you play any collagiate sports? Yes No

Please list any sports you played while attending:

Did you attend with a scholarship? Yes No

Please list any scholarships you recieved while attending:

Other Educational Degrees / Institution(s):

I would be interested in being an Alumni Ambassador and get involved with Glen Oaks Community College in the following ways (check all that apply):

- Be a classroom speaker**
- Speaking for GOCC at a public event**
- Participate in fundraising to help student success continue**
- Willing to share your information for marketing purposes**