



Alumni Information Update

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 Reunion): _____

Home Address: _____

City, State, Zip: _____

Preferred Phone: _____ Cell: _____ Work: _____

Email (s): _____

Marital Status (optional): _____ Spouse/Partner: _____

Date of Marital Change (new marriage, divorce, etc.): _____

Is your Spouse / Partner an SIU SOM Alumnus? ☐ Yes ☐ No If yes, Grad Year: _____

Children (Please list first & last names, gender & birth dates):

Professional Status (check one only)

<input type="checkbox"/> Practice	<input type="checkbox"/> Residency	<input type="checkbox"/> Research	<input type="checkbox"/> Other (please explain): _____
<input type="checkbox"/> Academic Practice	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Military Residency	_____
<input type="checkbox"/> Administration	<input type="checkbox"/> Retired	<input type="checkbox"/> Military Practice	_____

Specialty: _____

Work Organization Name: _____

Work Address: _____

Work City, State, Zip: _____

We welcome news about your personal or professional life that you would like to share with classmates:

☐ Please check box if you do not wish for updates to be shared with your classmates

☐ Please check box if you are open to us using shared photos in upcoming newsletters or social media posts

Please send us any photos that you would like to share: alumnirelations@siumed.edu