

**Alumni Information Update**

**To complete online, scan here:**

**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 (if late grad): \_\_\_\_\_\_\_\_\_\_**

**Home Address:**

**City, State, Zip:**

**Preferred Phone: Cell: Work:**

**Email (s):**

**Marital Status: Spouse Name:**

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

**Is your Spouse an SIU SOM Alumnus? 🞏 Yes 🞏 No If yes, Grad Year:**

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

**Professional Status (check one only)**

**🞏 Practice 🞏 Residency 🞏 Research 🞏 Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞏 Academic Practice 🞏 Fellowship 🞏 Military Residency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **🞏 Administration 🞏 Retired 🞏 Military Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specialty:**

**Work Organization Name:**

**Work Address:**

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

**🞏 Please check box if you would like for updates to be shared with your classmates**

**🞏 Please check box if you are willing to participate in our HOSTS or Match Connections student mentorship programs**

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