

# Theatre & Dance Alumni Information Form

(Please provide the following information for our records.)

## PERSONAL INFORMATION

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: \_\_\_\_\_

## SOUTHEAST DEGREE INFORMATION

Year: \_\_\_\_\_ Year: \_\_\_\_\_

Degree: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Major(s): \_\_\_\_\_ Major(s): \_\_\_\_\_

Your Organization Affiliation(s) at Southeast: \_\_\_\_\_

## YOUR EMPLOYER

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Fax E-Mail

## SPOUSE INFORMATION

Spouse's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Children (Full names & birth dates): \_\_\_\_\_

Spouse's Employer (Name, address, phone & job title): \_\_\_\_\_

Spouse's Southeast Grad Year: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Major(s): \_\_\_\_\_

If applicable, please enclose your stage/film/television resume and your 8x10" headshot.

Return all forms, headshot, & resume to:

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: [kstilson@semo.edu](mailto:kstilson@semo.edu)

Fax: (573) 986-6175