



THOMAS MORE
COLLEGE
TOGETHER IN PURSUIT OF TRUTH

ALUMNI UPDATE FORM

In order to comply with the Identity Theft Prevention Policy, Thomas More College needs to ensure that the proper alumni record is being updated. Therefore, we are asking you to complete and sign this form for verification of your change of address and/or name before any database changes can be made to your record. Please note the required fields below, including signature. Thank you for your time and assistance.

PERSONAL INFORMATION

Name _____ Class Year **(required)** _____

Last 4 Digits of SSN **(required)** _____ Birth Date **(required)** _____

New Name (if applicable) _____

Previous Name _____
(Name changes require a copy of supporting legal documentation: marriage license, dissolution decree, etc.)

New Address _____

Previous Address _____

Current Phone _____ E-mail _____

Dependents (Name, ages, birth dates):

EMPLOYMENT INFORMATION

Employer _____ Occupation _____

Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Work E-mail _____

Please send TMC alumni event announcements to the following e-mail address (*circle one or both*):
Home _____ Work _____

News you wish to share for Class Notes:

Signature (required) _____ **Date** _____

Please return completed form via e-mail: alumni@thomasmore.edu, fax: (859) 344-3613 or mail:
TMC Office of Alumni Relations, 333 Thomas More Parkway, Crestview Hills, KY 41017.