

# Bluefield State College

## Alumni Profile Form

*This information will be used in the Office of Alumni Affairs to update current data files used for the advancement of the College.*

### Please Print

#### Name

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

Date of Birth: (mm/dd/year) \_\_\_\_\_ BSC ID Number \_\_\_\_\_

#### Current Mailing Address

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Family Information

Spouse's Name: \_\_\_\_\_

Is your spouse a BSC graduate? \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Date of Birth: (mm/dd/year) \_\_\_\_\_ Major: \_\_\_\_\_

#### Degree Information

Year Graduated (Attended): \_\_\_\_\_ Major: \_\_\_\_\_

Degree Earned:  AS  BA  BS  RBA  Other \_\_\_\_\_

Other Degrees Earned

Date	Degree	Field	Institution
------	--------	-------	-------------

#### Employment

Retired?  Yes  No

Title: \_\_\_\_\_ Company: \_\_\_\_\_ Location: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your Company a Matching Donor Contributor?  Yes  No

Mail to: Office of Alumni Affairs  
Bluefield State College  
219 Rock Street  
Bluefield, WV 24701