



ALUMNA INFORMATION

Date: _____

Year Graduated: _____

Name: _____ (first, maiden, last)

Address: _____

e-mail: _____

Phone: _____ (home) _____ (cell)

Husband : _____ SSC Alum? _____ Year _____

Children:	Name	Age	Attend(ed) OLA?	When?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

College(s) attended: _____

Degree(s) earned: _____

Occupation: _____

Birthday: _____ Anniversary: _____

OLA Siblings or Family Members: _____

Parents' Names: _____

Parents' Address: _____

May we list in Alumnae Directory? _____ (Y/N)

DATE ENTERED: _____ BY: _____