

## PROFILE

\*Name \_\_\_\_\_

\*Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

\*Program attended \_\_\_\_\_

\*Year graduated \_\_\_\_\_

\*Alumni Update:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Starred information will be posted to the Class Notes page on the Alumni website.*

I agree to allow the above to also be included in college publications or publicity:

Yes \_\_\_\_\_ No \_\_\_\_\_

**Send to:** Alexandria Technical & Community College Foundation  
318 17th Avenue East  
Alexandria, MN 56308

**Phone:** 320-762-4670

**Email:** [ATCCAlumni@alextech.edu](mailto:ATCCAlumni@alextech.edu)