

**Florida Memorial University
Office of Alumni Affairs
Student Clearance Profile Form**

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| FOR OFFICE USE ONLY Date completed _____ Completed By _____ |
|--|

Personal Data:

Name _____ Maiden Name _____
Address: _____
City _____ State _____ Zip _____
Home Phone: _____ Cell: _____ E-mail: _____
Birth Date: _____

Employment Data:

Employer: _____ Occupation _____
Address: _____
City _____ State _____ Zip _____
Phone: _____ Fax: _____ E-Mail: _____

Church Affiliation

Name: _____
Address: _____
City _____ State _____ Zip _____
Phone: _____ Fax: _____ E-Mail: _____
Pastor: _____ Assistant: _____
Is your Pastor an alumnus of Florida Memorial University? _____ yes _____ no _____ I don't know

Education Data (please list institution, discipline, and date of graduation)

Bachelors: Florida Memorial University
Discipline: _____
Date of Graduation: _____

Masters: Florida Memorial University
Discipline: _____
Date of Graduation: _____

Activity Data (list below all activities and organizations you were involved in while in college)

Sports:

Organizations:

Other:

Community Involvement (list below all civic, and professional organizations you are affiliated with)

Who were the individuals at Florida Memorial University that were most influential to you during your matriculation?

Legacy Class Gift:

I would like to make a class gift in the amount of \$_____