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School of Mass Communication and Journalism Alumni Information Sheet

Name: _____
Last First Middle

Address: _____
City State Zip

Email: _____ Phone: _____

D.O.B: _____ Advisor: _____

Year Graduated: _____ Major: _____

Group/Organization Affiliations while at Southern Miss:

Employer: _____ Phone: _____

Title/Job Description: _____

Address: _____
City State Zip

Awards/Accomplishments: _____

Other: _____

****THANK YOU****