

CDC ALUMNI REGISTRATION

Yr Graduated _____

NAME (Last/ First/ M. I.) _____

Major BS/MS/PHD _____

Permanent Home Address (Street /Apt #) _____

City / State _____

Zip Code _____

(____) _____
Permanent Home Phone #

Email Address

Work Authorization:

U. S. A. Citizen _____ F-1 _____ J-1 _____
Permanent Resident _____ H-1 _____

I give permission for the CDC to share my information with the Alumni office. YES _____ NO _____

I authorize CDC to release information to employers and to give employers access to my resume, including the Web Resume Book

Students Signature

Date

How did you hear about our services?

Office use only:

Type of contact:

Phone _____ Web _____ Walk in _____ Fax _____ Email _____

Contact date _____ Account Created Yes _____ No _____