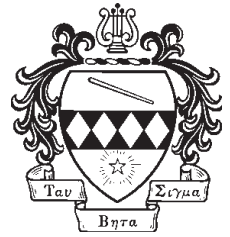


# TAU BETA SIGMA GRADUATING SENIOR REPORT



**Please complete the form according to the directions below so that the  
Tau Beta Sigma Alumni Association can keep in touch with your recent graduates.**

**Instructions:**

- Fill out the names and contact information for each member of the chapter who is graduating this term.
  - Graduation Date: Include Month and Year (ex. May-05)
  - Mailing Address: Please provide a new mailing address or another permanent address (e.g., parents’) where the graduate would like to receive information regarding the TBSAA.
  - Phone Number: Indicate a phone number that will continue to function after the graduate leaves your institution.
  - E-mail Address: Please use a non-school e-mail address so that the graduate can continue to be reached. Only use a school address if you know it will continue to function after graduation.
- Use as many copies of this page as needed.
- Please submit to the National Headquarters by December 1st (summer/fall graduates) or June 1st (spring graduates)

*Note: If members graduated in the summer, please also include their information along with fall graduate information.*

**Chapter:** \_\_\_\_\_ **School:** \_\_\_\_\_

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Grad. Date:
Name _____	Maiden Name _____
Parents' Address: yes <input type="checkbox"/> no <input type="checkbox"/>	
Mailing Address _____	City _____ State/Zip _____
Permanent E-mail After Graduation _____	Phone _____

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Grad. Date:
Name _____	Maiden Name _____
Parents' Address: yes <input type="checkbox"/> no <input type="checkbox"/>	
Mailing Address _____	City _____ State/Zip _____
Permanent E-mail After Graduation _____	Phone _____

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Grad. Date:
Name _____	Maiden Name _____
Parents' Address: yes <input type="checkbox"/> no <input type="checkbox"/>	
Mailing Address _____	City _____ State/Zip _____
Permanent E-mail After Graduation _____	Phone _____

*For more information about the Tau Beta Sigma Alumni Association, please visit: [www.tbsigma.org](http://www.tbsigma.org)*