

DMCS ALUMNI

Information Request Form

First Name: _____ Last Name: _____

Maiden Name: _____ Spouse Name: _____

Address: _____ City/ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail Address: _____

High School Grad Class Year: _____ 8th/9th Grade Grad class year (prior to 1987) _____

Employer: _____ Job Title: _____

Supervisor's Name & Title _____

Supervisor's Phone Number _____

You have my permission to contact my supervisor _____ Yes _____ No

Spouse Employer: _____ Spouse Job Title: _____

If student, name of college/school: _____

Graduated from _____ Degree _____

Postgraduate Degree _____ Military Service _____

Church: _____ City/ST _____

Parents' Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

I would like to serve on the alumni committee ___ Yes ___ No

I would like to be a class representative/contact for the class of _____.

Questions / Comments/ Ideas/ Tell us about yourself--married, baby, job promotion.

I hereby give DMCS permission to use my testimony in its publications or on its web site.

_____ Yes _____ No (Please attach your testimony if you so desire. Thanks)

Please return to:

Des Moines Christian School
Development Office
13007 Douglas Parkway Suite 100
Urbandale, Iowa 50323
515-252-2496
515-251-6911 (fax)
dmcsalumni@dmcs.org
www.dmcs.org