

STUDENT POST-GRADUATION CONTACT FORM

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

What is your degree or certificate? _____

Expected Graduation Date: _____

Congratulations on graduating from CCD! The Federal government asks us to track your future employment for a short time after graduation. To that end, we would like to be able to contact you in six months to one year.

Information we would like from you:

Outside Email: _____

Facebook Screen Name: _____

Twitter Handle: _____

Instagram: _____

Other Social Media Contact: _____

Mailing Address (where you can receive mail):

_____ City: _____

State: _____ Zip Code: _____

Do you currently have a job in your field? Yes No

If so, where: _____

Do you have plans to transfer to another school? Yes No

If so, where: _____