

**Please take a moment to register with us.**

E-mail Address:

Name:

Graduation Year:

Majors and Minors:

Graduate School: *(if  
applicable)*

Company:

Address:

City:

State:

Zip:

Phone Number

Comments

Thank you for taking the time to fill out this form.

Please check your information and press submit.

After browsing through our department website, you may wish to view these additional pages for alumni:

- [Valparaiso University Alumni](#)
- [Crusader Sports](#)
- [Art, Music, Theatre](#)