

Information collected from this form will be kept confidential. Kutztown University will use the information to communicate with you about university initiatives, events, charitable giving and engagement opportunities. Thank you for your participation.

Student Information

Student Name: _____ Nickname/Alias _____ Gender: M F

High School: _____ Public Private

Anticipated Kutztown University Major/Concentration: _____

Anticipated Kutztown University Graduation Year: _____ Date Form Completed: _____

Parent Information

PARENT 1

Mr./Mrs./Ms./Dr. _____ If not parent, please indicate relationship to student: _____

Marital Status: Married Separated Divorced Widowed Single Domestic Partner

Spouse/Partner Name, if applicable: _____ Spouse/Partner Deceased? Yes No

Parent 1 Street Address _____

City _____ State _____ County _____ Zip _____ Country _____

Parent 1 Primary Phone _____ Parent 1 Preferred Email Address _____

Parent 1 Employer (Company Name) _____ Job Title _____

Business Address _____ Business Phone _____

City _____ State _____ County _____ Zip _____ Country _____

Corporate/Foundation/Civic Board Memberships _____

College(s) Attended/Degree(s) Earned _____

Kutztown University Graduation Year(s), if applicable _____

Other Kutztown University Relatives _____

Relative's Class Year _____ Relationship to Parent 1 _____

PARENT 2

Mr./Mrs./Ms./Dr. _____ If not parent, please indicate relationship to student: _____

Marital Status: Married Separated Divorced Widowed Single Domestic Partner

Spouse/Partner Name, if applicable: _____ Spouse/Partner Deceased? Yes No

Parent 2 Street Address _____

City _____ State _____ County _____ Zip _____ Country _____

Parent 2 Primary Phone _____ Parent 2 Preferred Email Address _____

Parent 2 Employer (Company Name) _____ Job Title _____

Business Address _____ Business Phone _____

City _____ State _____ County _____ Zip _____ Country _____

Corporate/Foundation/Civic Board Memberships _____

College(s) Attended/Degree(s) Earned _____

Kutztown University Graduation Year(s), if applicable _____

Other Kutztown University Relatives _____

Relative's Class Year _____ Relationship to Parent 2 _____

Student Sibling Information

Please list student's siblings (name/gender/DOB/high school/college year) _____

Please complete and submit this form at your earliest convenience but no later than May 31, 2020. If you are unable to submit the form electronically, please print and mail to the following address:

Jayanne Sevast, Director of Development
Kutztown University Foundation & Alumni Relations
P.O. Box 151
Kutztown, Pa 19530

Thank you, and welcome to Kutztown University!