

ALUMNI INFORMATION FORM



DATE: _____

NAME: _____
Last First Middle Maiden

Please check the appropriate designation:

___ Graduate of Class of _____ Major _____ Former Student Attended/Years of _____

HOME ADDRESS: _____
Street

City State Zip+ Four

HOME TELEPHONE: _____ WORK TELEPHONE: _____
Area Code Number Area Code Number

POSITION: _____

COMPANY/ORGANIZATION: _____ Matching Gift Program ___Y ___N

ADDRESS: _____
Street

City State Zip +Four Digit

E-MAIL ADDRESS (ES): HOME - _____ OFFICE - _____

NAME OF SPOUSE: _____

GRADUATE AND/OR PROFESSIONAL DEGREES (please list degree, year awarded and institution)

ARE OTHER MEMBERS OF YOUR IMMEDIATE FAMILY LDK ALUMNI? IF SO, PLEASE PROVIDE THE FOLLOWING: (Continue on back if needed)

FULL NAME _____ RELATIONSHIP _____ CLASS YEAR _____

CONTACT INFORMATION: _____
Address City/State/Zip Phone

FULL NAME _____ RELATIONSHIP _____ CLASS YEAR _____

CONTACT INFORMATION: _____
Address City/State/Zip Phone

FULL NAME _____ RELATIONSHIP _____ CLASS YEAR _____

CONTACT INFORMATION: _____
Address City/State/Zip Phone

Please email to ldk_alumni@ldk.ac.rw,