

ALUMNI & FRIENDS INFORMATION UPDATE

PLEASE COMPLETE AND MAIL THIS FORM TO: PUAFA • ATTN: LORI SHEARER • PO BOX 331 • ENID, OK 73702 OR FAX TO: (580) 237-0124

YOUR PERSONAL INFORMATION

MR. MRS. MS.

SINGLE MARRIED

WIDOWED DIVORCED

MALE FEMALE

CHECK HERE IF YOU DO NOT WANT YOUR E-MAIL ADDRESS LISTED ON OUR PASSWORD PROTECTED WEBSITE

FIRST NAME MIDDLE LAST NAME BIRTHDATE

OTHER NAME(S) USED (MAIDEN, MARRIED, NICKNAMES, ETC.)

HOME ADDRESS CITY STATE ZIP

E-MAIL ADDRESS(ES) WEBPAGE

HOME PHONE CELL PHONE FAX

EMPLOYER OCCUPATION

EMPLOYER'S ADDRESS (CITY, ST, ZIP) BUSINESS PHONE

YOUR PHILLIPS INFORMATION

DATES ATTENDED GRADUATION YEAR(S)

DEGREE(S) MAJOR MINOR

CLUBS/ACTIVITIES/HONORS AT PHILLIPS

AWARDS/HONORS/ACTIVITIES POST PHILLIPS

SPOUSE PERSONAL INFORMATION

MR. MRS. MS.

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CONTINUED ON THE REVERSE SIDE

FAMILY INFORMATION

FIRST CHILD'S NAME _____

BIRTHDATE _____ ATTENDED PHILLIPS YES* NO

*PLEASE GIVE DATES ATTENDED _____ AND CONTACT INFORMATION

THIRD CHILD'S NAME _____

BIRTHDATE _____ ATTENDED PHILLIPS YES* NO

*PLEASE GIVE DATES ATTENDED _____ AND CONTACT INFORMATION

DID ANY OTHER FAMILY MEMBERS ATTEND PHILLIPS? YES* NO

*PLEASE GIVE ANY KNOWN INFORMATION: NAME, RELATIONSHIP TO YOU, DATES ATTENDED, DEGREE(S) RECEIVED, CONTACT INFORMATION.

WERE YOU, YOUR SPOUSE, OR OTHER FAMILY MEMBERS ON THE PHILLIPS FACULTY OR STAFF? YES* NO

*PLEASE GIVE ANY KNOWN INFORMATION: NAME, RELATIONSHIP TO YOU, YEARS EMPLOYED, POSITION HELD, CONTACT INFORMATION.

MILITARY INFORMATION (USE SEPARATE SHEET IF NECESSARY)

WERE YOU IN THE MILITARY? YES* NO

*PLEASE PROVIDE THE FOLLOWING INFORMATION:

MILITARY SERVICE BRANCH _____

SERVICE DATES _____ DISCHARGE RANK _____

ASSIGNMENTS _____

COMMENDATIONS _____

WAS YOUR SPOUSE IN THE MILITARY? YES* NO

*PLEASE PROVIDE THE FOLLOWING INFORMATION:

MILITARY SERVICE BRANCH _____

SERVICE DATES _____ DISCHARGE RANK _____

ASSIGNMENTS _____

COMMENDATIONS _____

OTHER INFORMATION OR COMMENTS

HAVE YOU REMEMBERED PHILLIPS IN YOUR ESTATE PLAN? YES* NO *PLEASE EXPLAIN
