



BIOGRAPHICAL UPDATE FORM

*Please help us keep our files current by updating any information in the space provided and returning this form by mail (see next page for address information).
Thank you for your assistance.*

<i>Personal Information</i>	
Name:	Class:
Maiden Name:	
Spouse/Partner:	Class:
Children: Name: Name:	

<i>Home Information</i>		
Address:		
City:	State:	Zip:
Country:		
Phone:		
Fax:		

<i>Business Information</i>		
Title:		
Business Name:		
Address:		
City:	State:	Zip:
Country:		
Occupation:		
Parent Company:		
<input type="checkbox"/> Check if your Employer Matches Gifts.		
*Preferred Address: Would you like mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Business		

<i>Other Information</i>
Cell Phone:
Email (Preferred):
Email (Secondary):

The information contained in this form is for official Woodstock Academy use only.

<i>Seasonal Address</i>		
Address:		
City:	State:	Zip:
Country:		
Phone:		
Start Date:	Stop Date:	

<i>Degree and Activity Information</i>		
Degree(s):	WA Student Activities:	WA Alumni Activities:

<i>Optional Alumni Survey</i>
Professional & Volunteer Activities:
National Awards, Honors, or Special Achievements:
Would you be willing to serve on your Reunion Committee? Yes No
Would you be willing to serve as a Career Mentor through Partners in Education? Yes No
When were you last on campus? For what purpose?
Is WA in your will or trust?
Would you like to receive information about Life Income Gifts?

<i>Share Any Class News or Additional Information Below.</i>

Please mail this form to:

Attn: Kristen Willis
Woodstock Academy Alumni Office
57 Academy Road
Woodstock, CT 06281

Thank you for updating the Academy!