



THE UNIVERSITY OF MAINE
OFFICIAL ALUMNI BIOGRAPHICAL FORM



The following information is used to update our records and then forwarded to your class correspondent.

Name (s) Last First Middle / Maiden

Home Address Street City State Zip Code

Email Home Phone

Business Name Street City State Zip Code

If you have a seasonal address, please let us know and we will make the changes in our records and you'll receive your University publications while you are away. Please include the dates that you spend at your seasonal address.

Please change my mail on _____ until _____
(date) (date)

Street CityState Zip Code Telephone

PLEASE PRINT OR TYPE:

College Nickname(s): _____ Major: _____ Maiden Name: _____

Spouse's Name: _____ UMaine Grad? _____ Year: _____

Number Of Children: _____ UMaine Grad? _____ Number of Grandchildren _____

Career: Indicate profession, military service, homemaking, awards, honors, etc.

Special Interests: community service, leisure activities, awards, honors.

Student Activities, Interests, Sports, Fraternities, Sororities, you participated in during college:

Volunteer Activities, Hobbies:

Describe your favorite memory of your University days. Please be specific, however, names may be omitted if you wish.

What do you consider the most remarkable change in your life since graduation?

1. Do you plan to attend your Class Reunion activities?

Yes []

No []

Not Sure []

2. Count me in! I'd be happy to help contact classmates who:

Live in my area []

Sorority or Fraternity []

Sports []

College []

If you have special needs please let us know so we may help make your reunion enjoyable! We're glad to help!

Please return to:
Rebecca Brunton
Alumni Programs Dept.
c/o University of Maine Alumni Association
P. O. Box 550
Orono, ME 04473-0550

NOTE: This is not a reunion registration form.