

TO BE COMPLETED BY PARENT

**BARNARD COLLEGE
Family Information Form**

Please fill out this form to receive information about special events, Family Weekend and other Barnard news. Also, see reverse side to indicate volunteer interest and hometown newspaper.

Privacy Statement: The information you provide will not be sold or distributed to any individual, organization or business.

Student Information:

Name _____ Class Year _____ Campus Resident? ____ yes ____ no

PARENT NAME:

First _____ Middle ____ Last _____

Relationship to student:

- Mother Father Step-parent Guardian
 Grandparent Other

Home: Address _____

City _____ State ____ Zip _____

Phone _____

E-mail _____

Profession/Occupation _____

Firm Name _____

Title _____

Business Address _____

City _____ State ____ Zip _____

Phone _____

E-Mail _____

Preferred Mailing Address: Home Business

Preferred E-Mail Address: Home Business

Parents' Volunteer Activities/Affiliations:

Organization _____

Title _____

Organization _____

Title _____

Organization _____

Title _____

PARENT NAME:

First _____ Middle ____ Last _____

Relationship to student:

- Mother Father Step-parent Guardian
 Grandparent Other

Home: Address _____

City _____ State ____ Zip _____

Phone _____

E-mail _____

Profession/Occupation _____

Firm Name _____

Title _____

Business Address _____

City _____ State ____ Zip _____

Phone _____

E-Mail _____

Preferred Mailing Address: Home Business

Preferred E-Mail Address: Home Business

Parents' Volunteer Activities/Affiliations:

Organization _____

Title _____

Organization _____

Title _____

Organization _____

Title _____

Other Family Members Who Have Attended Barnard

