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Parent/Guardian Information Form

Thank you for taking time to complete this questionnaire. The information you provide helps us know you better and helps us meet the needs of our parent/guardian community, ensuring you will receive *Spirit*, Eastern University's magazine and other important communication including Homecoming and Family Weekend activities, as well as other related events. **If parent/guardian(s) would like to receive our @EASTERN e-mail newsletter, please send your e-mail address to eupr@eastern.edu .**
Information is used only by university officials.

STUDENT: ____ FIRST-YEAR ____ TRANSFER ENROLLMENT DATE: _____ GRADUATING CLASS OF: _____

☐ male ☐ female

Last First Middle Suffix

PARENT/GUARDIAN INFORMATION

☐ FATHER ☐ STEPFATHER DOB: _____

Name: _____

Title First Middle Last Suffix

Preferred Name/Nickname: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

EASTERN ALUMNUS: ☐ Yes CLASS OF: _____

DEGREE: _____ MAJOR: _____

Employer: _____

Title: _____

Address: _____

City, State, Zip: _____

Bus. Phone: _____

Bus. Email: _____

CURRENT COMMUNITY OR PROFESSIONAL ACTIVITIES

Position Organization

BOARD/FOUNDATION INVOLVEMENT

Role Organization

Contact Preference: ☐ Home ☐ Business

☐ MOTHER ☐ STEPMOTHER DOB: _____

Name: _____

Title First Middle Last Suffix

Preferred Name/Nickname: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

EASTERN ALUMNA: ☐ Yes CLASS OF: _____

DEGREE: _____ MAJOR: _____

MAIDEN NAME: _____

Employer: _____

Title: _____

Address: _____

City, State, Zip: _____

Bus. Phone: _____

Bus. Email: _____

CURRENT COMMUNITY OR PROFESSIONAL ACTIVITIES

Position Organization

BOARD/FOUNDATION INVOLVEMENT

Role Organization

Contact Preference: ☐ Home ☐ Business

(continued on other side)

FAMILY INFORMATION

(If you need more room, please use a separate sheet)

Your other children:

Name	Date of Birth	School/Occupation	Eastern Alum? (If yes, class year)

Other family members who have attended or employed by Eastern (Please include Maiden name, if applicable):

Name	Relationship	Years of Attendance/Employment

We'd like to include your student's grandparents in campus activities and happenings, including receiving the *Spirit* University magazine. Please provide mailing information below for your student's grandparents:

MATERNAL GRANDPARENTS:

Names: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____ Email: _____

PATERNAL GRANDPARENTS:

Names: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____ Email: _____

CHURCH INFORMATION

Church Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____ Website: _____

EASTERN INVOLVEMENT

Parents can support Eastern University in a variety of ways. Please check any of the following opportunities in which you are interested in helping.

Admissions

- ☐ Recommend prospective students to the Office of Admissions.

Development

- ☐ Assist the Parents Council with fundraising.
- ☐ Facilitate contacts with corporations or foundations with which I am involved.