

Valdosta State University Foundation BIO Update Form

Submitted by: _____ New Record Correction
Constituent Name: _____
Constituent ID: _____
Completed by: _____ Date: _____

BIOGRAPHICAL

Last Name: _____ Nickname: _____
First Name: _____ Maiden Name: _____
Middle Name: _____ Sex: Male Female
Title(s): Mr. Mrs. Ms. Assmbyman Bishop Dr. Honorable Other: _____
Suffix(es): CPA Jr. Sr. II III M.D. Esq. Ph.D. P.E. D.D.S Other: _____

HOME ADDRESS

Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: Home: _____ Cellular: _____
Business: _____ Fax: _____
E-mail: _____ Other: _____
Info Source Internet Personally Notified Post Office Returned Mail Other: _____
Address Type Primary Summer Winter Other: _____

BIOGRAPHICAL (continued)

Social Security #: _____ Date of Birth: _____
Marital Status: _____ Deceased? YES NO Date: _____
Constituency: Alumni Alumni Board Athletic Board Faculty/Staff Friend Parent
 Student Government Local Government Trustee Retired Faculty/Staff
 Former Alumni Board Former Athletic Board Former Trustee Other _____

BUSINESS INFORMATION

Organization Name: _____ Position: _____
Profession: _____ Organization Match Gifts Yes NO Ratio _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: Home: _____ Cellular: _____
Business: _____ Fax: _____
E-mail: _____ Other: _____
Info Source: Internet Personally Notified Post Office Returned Mail Other: _____
Address Type: Primary Summer Winter Other: _____

EDUCATION INFORMATION

School/College Name: _____ Class Of: _____
Degree: _____ Major: _____ Minor: _____
Honors: _____ Certifications: _____ Date Graduated: _____
Clubs/Activities: _____
School/College Name2: _____ Class Of: _____
Degree: _____ Major: _____ Minor: _____
Honors: _____ Certifications: _____ Date Graduated: _____
Clubs/Activities: _____

SPOUSE

Is Spouse Constituent? YES NO If yes, Constituent ID: _____
 Last Name: _____ Nickname: _____
 First Name: _____ Maiden Name: _____
 Middle Name: _____ Sex: Male Female
 Title(s): Mr. Mrs. Ms. Assmbyman Bishop Dr. Honorable Other: _____
 Suffix(es): CPA Jr. Sr. II III M.D. Esq. Ph.D. P.E. D.D.S Other: _____
 Social Security #: _____ Date of Birth: _____ Deceased Yes No Date: _____

SPOUSE BUSINESS INFORMATION

Organization Name: _____ Position: _____
 Profession: _____ Organization Match Gifts Yes NO Ratio _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: Home: _____ Cellular: _____
 Business: _____ Fax: _____
 E-mail: _____ Other: _____
 Info Source: Internet Personally Notified Post Office Returned Mail Other: _____
 Address Type: Primary Summer Winter Other: _____
 Constituency: Alumni Alumni Board Athletic Board Faculty/Staff Friend Parent
 Student Government Local Government Trustee Retired Faculty/Staff
 Former Alumni Board Former Athletic Board Former Trustee Other _____

SPOUSE EDUCATION INFORMATION

School/College Name: _____ Class Of: _____
 Degree: _____ Major: _____ Minor: _____
 Honors: _____ Certifications: _____ Date Graduated: _____
 Clubs/Activities: _____
 School/College Name2: _____ Class Of: _____
 Degree: _____ Major: _____ Minor: _____
 Honors: _____ Certifications: _____ Date Graduated: _____
 Clubs/Activities: _____

Please include any additional information (year(s), sport participated in, etc.)

SPECIAL MAILINGS		CLUBS/ORGANIZATIONS/COMMITTEES			
<input type="checkbox"/>	Alumni Voice	<input type="checkbox"/>	SIFE	<input type="checkbox"/>	COBA Advisory Board
<input type="checkbox"/>	Alumni Receptions	<input type="checkbox"/>	Fraternity:	<input type="checkbox"/>	Artsouth Volunteer
<input type="checkbox"/>	Athletics Calendar	<input type="checkbox"/>	Sorority:	<input type="checkbox"/>	Alumni Volunteer
<input type="checkbox"/>	House in the Woods	<input type="checkbox"/>	Honor Society:	<input type="checkbox"/>	Athletic Volunteer
<input type="checkbox"/>	Order of the Dome			<input type="checkbox"/>	Kiwanis
<input type="checkbox"/>	PG: End of Year Mailing	<input type="checkbox"/>	Student Government Assoc.	<input type="checkbox"/>	Rotary
<input type="checkbox"/>	COBA Newsletter	<input type="checkbox"/>	Athlete:	<input type="checkbox"/>	JSL
<input type="checkbox"/>	SIFE Newsletter			<input type="checkbox"/>	Quota
<input type="checkbox"/>	Annual Report	<input type="checkbox"/>	SAVE	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Do NOT Call	<input type="checkbox"/>	ACM	AWARDS	
<input type="checkbox"/>	Do NOT Solicit	<input type="checkbox"/>	Natural High	<input type="checkbox"/>	Alumnus of the Year Award
<input type="checkbox"/>	NO Alumni Mail	<input type="checkbox"/>		<input type="checkbox"/>	GOLD Award
<input type="checkbox"/>	NO Credit Card Mailings	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other: