

SUNY Adirondack Alumni - Information Update Form

(Policy #5005 Alumni Information Management and Outreach)

Instructions:

Please use this form to provide updates or corrections to alumni records. Information will be maintained by the SUNY Adirondack Foundation.

Alumni Information

- Full Name (while attending SUNY Adirondack): _____
- Current Full Name (if different): _____
- Year(s) Attended / Year of Graduation: _____
- Degree/Program (if known): _____

Contact Information

- Mailing Address: _____
- City: _____ State: _____ Zip: _____
- Phone: _____
- Email: _____

Employment Information

- Employer: _____
- Job Title: _____
- Work Address (optional): _____
- Work Phone/Email (optional): _____

Updates / Corrections

- ☐ Update my contact information
- ☐ Update my employment information
- ☐ Report a deceased alum

- Name of deceased alum: _____
- Year of graduation (if known): _____
- Additional notes: _____

Privacy & Communication Preferences

- ☐ I would like to receive email updates and newsletters
 - ☐ I would like to receive mailed invitations/notices
 - ☐ Please remove me from future communications
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Submitted By

- Your Name (if submitting on behalf of someone else): _____
 - Relationship to alum (if applicable): _____
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Submit completed form to:
SUNY Adirondack Foundation
640 Bay Road
Queensbury, NY 12804

foundation@sunyacc.edu