Valdosta State University Foundation BIO Update Form						
U	□ New Record □ Correction					
Constituent Name:						
Constituent ID:						
Completed by:	Date:					
DVO CD L DVVC LV						
BIOGRAPHICAL						
Last Name: Nickname: Nickname: Maiden Nam						
Middle Name: Sex: Mandell Name						
	Honorable Other:					
Suffix(es): CPA Jr. Sr. II III M.D. Esq. Ph.D. P.I						
Suma(cs). Cl A Ji. Si. II III W.D. Esq. 111.D. 1.1	z. D.D.5 Other.					
HOME ADDRESS						
Address:						
City. State. Tim.	Country					
City: State: Zip: Phone: Home: Cellular:	County:					
Phone: Home: Cellular: 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? Deceased? YES NO Date:						
Marital Status: Deceased?	∕ES □NO Date:					
Marital Status: Deceased? ☐ Your Constituency: ☐ Alumni ☐ Alumni Board ☐ Athletic Board ☐ Facu						
Constituency: Alumni	ty/Staff □ Friend □ Parent ustee □ Retired Faculty/Staff					
Constituency: Alumni Alumni Board Athletic Board Facul	ty/Staff □ Friend □ Parent ustee □ Retired Faculty/Staff					
Constituency: Alumni	tty/Staff ☐ Friend ☐ Parent rustee ☐ Retired Faculty/Staff Former Trustee ☐ Other					
Constituency: Alumni	Ity/Staff					
Constituency: Alumni	Ity/Staff Friend Parent rustee Retired Faculty/Staff Former Trustee Other					
Constituency: Alumni	Ity/Staff					
Constituency: Alumni Alumni Board Athletic Board Facu Student Government Local Government To Former Alumni Board Former Athletic Board BUSINESS INFORMATION Organization Name: Position Profession: Organization	Ity/Staff Friend Parent rustee Retired Faculty/Staff Former Trustee Other					
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Constituency: Alumni Alumni Board Athletic Board Facus Student Government Local Government Transfer Alumni Board Former Athletic Board Organization Name: Position Profession: Organization Address: City: State: Zip: Phone: Home: Cellular: Business: Fax:	Ity/Staff					
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Constituency: Alumni Alumni Board Athletic Board Facus Student Government Local Government Transcription Former Alumni Board Former Athletic Board Former Athletic Board Corganization Name: Position Profession: Organization Address: City: State: Zip: Phone: Home: Cellular: Business: Fax: E-mail: Other: Info Source: Internet Personally Notified Post Office Returned.	Ity/Staff					
Constituency: Alumni Alumni Board Athletic Board Facus Student Government Local Government Promer Alumni Board Former Athletic Board Student Former Alumni Board Former Athletic Board Student Former Alumni Board Former Athletic Board Former Athletic Board Former Athletic Board Student Former Athletic Board Former Former Athletic Board Former Athletic Board Former F	Ity/Staff					
Constituency: Alumni Alumni Board Athletic Board Facus Student Government Local Government To Former Alumni Board Former Athletic Board Music Board Former Athletic Board Music Board Former Athletic Board Music Business: Position Organization Name: Position Address: City: State: Zip: Phone: Home: Cellular: Business: Fax: E-mail: Other: Info Source: Internet Personally Notified Post Office Returned Address Type: Primary Summer Winter Other: EDUCATION INFORMATION School/College Name:	Ity/Staff					
Constituency: Alumni Alumni Board Athletic Board Facus Student Government Local Government To Former Alumni Board Former Athletic Board Student Student Student Government Local Government To Former Athletic Board Student S	Ity/Staff					
Constituency: Alumni	Ity/Staff					
Constituency: Alumni	tty/Staff					
Constituency: Alumni	Ity/Staff					

SPOUSE								
Is Spouse Constituent? ☐ YES ☐ NO If yes, Constituent ID:								
Last Name:			Nickname:					
First Name:			Maiden Name:					
Middle Name:	ile Name: Sex: \square Male \square Female							
Title(s): Mr. Mr.	s. Ms. Assmbly	man Bishop	Dr. Hon	orabl	e Other:			
Suffix(es): CPA Jr	. Sr. II III	M.D. Esq.	Ph.D. P.E.	D.	D.S Other:			
Social Security #:	D	ate of Birth:		D	eceased Yes	No Date:		
SPOUSE BUSINESS INFORMATION								
Organization Name: Position:								
Profession: Organization Match Gifts \(\subseteq \text{Yes} \(\subseteq \text{NO} \) Ratio								
Address:		_						
City:	Sta	ite: Zip): (Count	y:			
Phone: Home:	_	Cel	llular:					
Business: Fax:								
E-mail: Other:								
Info Source: Internet Personally Notified Post Office Returned Mail Other:								
Address Type: Primary Summer Winter Other:								
Constituency:								
☐ Student ☐ Government ☐ Local Government ☐ Trustee ☐ Retired Faculty/Staff								
☐ For	mer Alumni Board	☐ Former Athle	etic Board For	mer 7	Γrustee □ O	ther		
SPOUSE EDUCATION INFORMATION								
School/College Name:				Clas	Class Of:			
Degree: Major:				Minor:				
Honors: Certifications:			Date Graduated:					
Clubs/Activities:								
School/College Name2:			Class Of:					
Degree:	Degree: Major:			Minor:				
Honors:	onors: Certifications:			Date Graduated:				
Clubs/Activities:								
Please include any additional information (year(s), sport participated in, etc.) SPECIAL MAILINGS CLUBS/ORGANIZATIONS/COMMITTEES								
SPECIAL MAI	LINGS		BS/ORGANIZA	TIOI				
☐ Alumni Voice		SIFE				visory Board		
☐ Alumni Receptions		Fraternity:			Artsouth Vo			
☐ Athletics Calendar		Sorority:			Alumni Vol			
House in the Wood		Honor Society	:		Athletic Vo	lunteer		
Order of the Dome					Kiwanis			
☐ PG: End of Year M		Student Gover	nment Assoc.		Rotary			
□ COBA Newsletter		Athlete:			JSL			
□ SIFE Newsletter			Quota					
□ Annual Report □ SAVE			Other:					
□ Do NOT Call □ ACM			AWARDS					
☐ Do NOT Solicit		Natural High			Alumnus of	f the Year Award		
□ NO Alumni Mail					GOLD Aw	ard		
□ NO Credit Card M	[ailings							
Other:		Other:			Other:			