

# Add/Change Form for Individuals

Send To: Advancement Services  
Degheri Alumni Center 312  
Extension 4639

Add       Change      Advance ID# \_\_\_\_\_

## A. Donor

Record Type:  Friend  Parent  Non-Graduate Alum  Other \_\_\_\_\_

*Degree information is required for alumni record types.*

Undergraduate Alum  Graduate Alum Year: \_\_\_\_\_ Type: \_\_\_\_\_ School: \_\_\_\_\_

Prefix (required)  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Preferred First name: \_\_\_\_\_ Previous Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Spouse Information**  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Preferred First name: \_\_\_\_\_ Previous Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

## B. Relationships

Note: These individuals must be in Advance. If they are not, please complete another *Add/Change Form*.

Child #1:      Advance ID:      Name: \_\_\_\_\_

Child #2:      Advance ID:      Name: \_\_\_\_\_

Parent #1:      Advance ID:      Name: \_\_\_\_\_

Parent #2:      Advance ID:      Name: \_\_\_\_\_

## C. Contact Information

Note: In order for business addresses to appear on the Advance Entity Profile screen, a full mailing address must be provided.

Request No Mail     No Mail Solicitations     No Phone Solicitations

**Home Address**     Preferred

**Business Address**     Preferred

Street: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Company: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Bus. Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

## D. Completed By

Print Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Signature: \_\_\_\_\_ Ext.: \_\_\_\_\_ Date Rec'd in AS: \_\_\_\_\_