

## Alumni Contact Form

Publish Address in Directory: Yes No (please circle)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country/Region: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

High School Attended: \_\_\_\_\_

College Attended:

Profession: \_\_\_\_\_

Retired: Yes No (please circle)

**Please return form to:**

**Mrs. Roxanne Bernhardt (410)-242-4883  
4601 Maple Ave. Halethorpe, MD. 21227  
Roxanne.Bernhardt@archbalt.org**