



Information collected from this form will be kept confidential. Carnegie Mellon will use the information to communicate with you about university initiatives, events, charitable giving and engagement opportunities. Thank you for your participation.

STUDENT INFORMATION

Student Name _____ Nickname/Alias _____ Gender: M F
High School _____ Public Private
Anticipated Carnegie Mellon Major/Concentration _____
Anticipated Carnegie Mellon Graduation Year _____
Date Form Completed _____

PARENT INFORMATION

Parent 1

If not parent, please indicate relationship to student _____
Mr./Mrs./Ms./Dr. _____
Marital Status: Married Separated Divorced Widowed Single Domestic Partner
Spouse/Partner Name, if applicable _____ Spouse/Partner Deceased? Yes No
Parent 1 Street Address _____
City _____ State _____ County _____ Zip/Postal Code _____ Country _____
Parent 1 Primary Phone _____ Home Cell
Parent 1 Preferred Email Address _____ WeChat Username _____
Parent 1 Employer (Company Name) _____
Job Title _____
Business Address _____
City _____ State _____ County _____ Zip/Postal Code _____ Country _____
Business Phone _____
Corporate/Foundation/Civic Board Memberships _____
College(s) Attended/Degree(s) Earned _____
Carnegie Mellon Graduation Year(s), if applicable _____
Other Carnegie Mellon Relatives _____
Relative's Class Year _____ Relationship to Parent 1 _____



Parent 2

If not parent, please indicate relationship to student _____

Mr./Mrs./Ms./Dr. _____

Marital Status : Married Separated Divorced Widowed Single Domestic Partner

Spouse/Partner Name, if applicable _____ Spouse/Partner Deceased? Yes No

Parent 2 Street Address _____

City _____ State _____ County _____ Zip/Postal Code _____ Country _____

Parent 2 Primary Phone _____ Home Cell

Parent 2 Preferred Email Address _____ WeChat Username _____

Parent 2 Employer (Company Name) _____

Job Title _____

Business Address _____

City _____ State _____ County _____ Zip/Postal Code _____ Country _____

Business Phone _____

Corporate/Foundation/Civic Board Memberships _____

College(s) Attended/Degree(s) Earned _____

Carnegie Mellon Graduation Year(s), if applicable _____

Other Carnegie Mellon Relatives _____

Relative's Class Year _____ Relationship to Parent 2 _____

STUDENT SIBLING INFORMATION

Please list student's siblings (name/gender/DOB/high school/college year) _____

Please complete and submit this form at your earliest convenience but no later than **May 31, 2019**. If you are unable to submit the form electronically, please print and mail to the following address:

Anne Smith
Parent Engagement and Development
Carnegie Mellon University
5000 Forbes Avenue
Pittsburgh, PA 15213
USA

Thank you, and welcome to Carnegie Mellon University!