



Mission: To inspire lifelong learning and leadership through experience, excellence and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

LEADING.
LEARNING.
SINCE 1913.

ALUMNI GENERATION INFORMATION

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

ARE YOU A CHILD OR GRANDCHILD OF A LAKELAND COLLEGE ALUMNUS? Each year the Alumni Office recognizes graduates whose parents, grandparents or great grandparents attended College. Contact the Alumni and Donor Relations Officer at 780 853 8628. Complete this form and return to the Alumni and Donor Relations Officer, 5707 College Drive, Vermilion, AB T9X 1K5 or fax to 780 853 8676.

GRADUATES INFORMATION (Please print)

Miss/Ms. Mr.

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Permanent Address		City/Town
_____	_____	_____
Province	Postal Code	Telephone

ALUMNUS RELATIONSHIP INFORMATION (Please print)

<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Great Grandfather

_____	_____	_____
First Name	Last Name	Maiden Name
_____	_____	<input type="checkbox"/> Deceased
Year of Study	Program	

Address		

<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Great Grandfather

_____	_____	_____
First Name	Last Name	Maiden Name
_____	_____	<input type="checkbox"/> Deceased
Year of Study	Program	

Address		

<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Great Grandfather

_____	_____	_____
First Name	Last Name	Maiden Name
_____	_____	<input type="checkbox"/> Deceased
Year of Study	Program	

Address		