



GOLDEN CLASS REUNION

50th ANNIVERSARY REGISTRATION FORM

Please submit your registration form by Friday, March 20, 2019

Please check each event you and one guest would like to attend

Friday, May 8, 2020

_____ Class Reunion Reception (1:00 p.m.) East Campus – L. Orene Hall

Saturday, May 9, 2019

_____ Commencement (9:00 a.m.) Albany Civic Center

Complimentary Standard Academic Regalia will be provided for you to wear during the commencement program

Height _____ Small _____ Medium _____ Large _____ X Large _____ Other _____
Feet/Inches

_____ Regretfully, I am unable to attend the Class of 1970 Reunion.

Alumni Information (Please complete and return even if you are not able to attend the reunion):

Name (Dr. Mr. Mrs. Ms.) _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Email address: _____

Degree(s) obtained (Please indicate year and university attended for each degree): _____

Professional and Community Involvement: _____

Honors and Awards: _____

Years Married _____ Name of Spouse _____

Number of Children _____ Grandchildren _____ Great Grandchildren _____

Share your favorite memory while a student at Albany State University: _____

Please complete and return this form by Friday, March 20, 2020 to:
Joslyn DiPasalegne, Alumni Relations Coordinator
Albany State University, 504 College Drive, Albany, GA 31706