



PARENT BIOGRAPHICAL INFORMATION FORM

Date _____ LC Student _____ Male Female

Years student will attend LC _____ - _____ Student is full time part time Intended major? _____

Name of high school attended _____ Soc. Sec. # _____ - _____ - _____

Mother/Stepmother/Guardian (Circle one)

Name (First) (Middle/Maiden) (Last)

Permanent mailing address (Street)

(City) (State) (Zip)

Home phone _____

Home E-mail _____

Other home (summer, winter, etc.) (Street)

(City) (State) (Zip)

Second home phone _____

Occupation/Title _____

Employer _____

Business address (Street)

(City) (State) (Zip)

Business phone _____ Fax _____

Work E-mail _____

Previous professional experience _____

Volunteer activities _____

Colleges/universities you attended and degrees earned

School Years attended

Major Degree(s)

School Years attended

Major Degree(s)

School Years attended

Major Degree(s)

Father/Stepfather/Guardian (Circle one)

Name (First) (Middle/Maiden) (Last)

Permanent mailing address (Street)

(City) (State) (Zip)

Home phone _____

Home E-mail _____

Other home (summer, winter, etc.) (Street)

(City) (State) (Zip)

Second home phone _____

Occupation/Title _____

Employer _____

Business address (Street)

(City) (State) (Zip)

Business phone _____ Fax _____

Work E-mail _____

Previous professional experience _____

Volunteer activities _____

Colleges/universities you attended and degrees earned

School Years attended

Major Degree(s)

School Years attended

Major Degree(s)

School Years attended

Major Degree(s)

Mother/Stepmother/Guardian

Religious affiliation (be specific: church, synagogue, temple, mosque, etc.):

Military service (branch, dates, rank, and decorations): _____

Boards, foundations, clubs, and activities: _____

Publications, honors, and awards: _____

Personal interests and hobbies: _____

Father/Stepfather/Guardian

Religious affiliation (be specific: church, synagogue, temple, mosque, etc.):

Military service (branch, dates, rank, and decorations): _____

Boards, foundations, clubs, and activities: _____

Publications, honors, and awards: _____

Personal interests and hobbies: _____

Children (Names and Dates of Birth)

Children/Relatives Who Have Attended Lynchburg College

Name _____ Yrs. attended/Class yr. _____

Name _____ Yrs. attended/Class yr. _____

Name _____ Yrs. attended/Class yr. _____

Name _____ Yrs. attended/Class yr. _____

Prospective Students You Think Would Like To Receive Information About Lynchburg College

Name _____

Name _____

Address _____ (Street)

Address _____ (Street)

(City) _____ (State) _____ (Zip) _____

(City) _____ (State) _____ (Zip) _____

Home phone _____

Home phone _____

High School _____

High School _____

High school graduation year _____

High school graduation year _____

Please return to:

Office of Parents Programs

Lynchburg College • 1501 Lakeside Drive • Lynchburg, VA 24501-3199

434/544-8660 • 800/621-1669 • Fax: 434/544-8596 • E-mail: sigler.jc@lynchburg.edu