

DUE DATE: JUNE 11, 2009

Biography Form for Incoming Students



Mount Holyoke College, Office of Communications
South Hadley, MA 01075-1459
413-538-2455 fax 413-538-2691

On behalf of the Office of Communications, welcome to Mount Holyoke College. It has been our custom each year to prepare enrollment announcements for each of our incoming students for publication in their hometown newspapers. If you would like to have a press release issued on your behalf, please complete this form and return it to the MHC Office of Communications by **June 11**.

Your parent(s) will be named in the release, and a courtesy copy will be sent to them, so please provide their current mailing information. If you are a Frances Perkins student, the courtesy copy will be sent to you; if you wish to have someone other than (or in addition to) your parents named in the release, such as a spouse or children, please note that below. To see a sample of a finished release, go to: www.mtholyoke.edu/offices/comm/misc/firstyearsampl.pdf.

If you do not wish to have a release issued on your behalf, you do not need to return this form. Thank you!

**PERSONAL
INFORMATION
(PRINT CLEARLY)**

YOUR NAME _____
LAST FIRST MIDDLE

STREET _____

CITY, STATE, ZIP _____

COUNTRY (IF NOT U.S.A.) _____

EMAIL _____

ARE YOU A TRANSFER STUDENT? YES NO

EDUCATION

Name of secondary school or college previously attended:

**PARENTS OR
OTHER FAMILY
MEMBER**

Name(s) of parent(s), stepparent(s), or other immediate family member(s). Please specify relationship.

NAME(S) _____ **RELATIONSHIP** _____

STREET _____

CITY, STATE, ZIP _____

COUNTRY (IF NOT U.S.A.) _____ **EMAIL** _____

Turn over to list more names.

PARENT OR
OTHER FAMILY
MEMBER
CONTINUED

NAME(S) _____ RELATIONSHIP _____

STREET _____

CITY, STATE, ZIP _____

COUNTRY (IF NOT U.S.A.) _____ EMAIL _____

NAME(S) _____ RELATIONSHIP _____

STREET _____

CITY, STATE, ZIP _____

COUNTRY (IF NOT U.S.A.) _____ EMAIL _____

YOUR PRIMARY
HOMETOWN
PAPER

Name of your primary hometown paper (in large cities, a weekly paper is preferable)

OTHER CONTACTS

Please indicate any individuals in your community who should also receive a copy of your announcement release—e.g., guidance counselor, teacher, coach, clergy.

NAME _____

POSITION AND ORGANIZATION _____

STREET _____

CITY, STATE, ZIP _____

COUNTRY (IF NOT U.S.A.) _____ EMAIL _____

NAME _____

POSITION AND ORGANIZATION _____

STREET _____

CITY, STATE, ZIP _____

COUNTRY (IF NOT U.S.A.) _____ EMAIL _____