New Student Information Form

Please complete this form and send to PLU Office of Advancement, 12180 Park Ave S, Tacoma, WA 98447
or scan and email to deveops@plu.edu.

Student's Name _____ _____ _____
Last Name First Name MI

Student's Permanent Address _____

PLU ID # _____ Date of Birth _____ Term of Entry _____

Status (Check one in each column)
❑ First Year ❑ Female
❑ Transfer ❑ Male

Parent or Guardian Address(es):

Parents or guardians of current students are considered members of PLU's Parents Association and will receive copies of *Pacific Lutheran University Scene* and information on the Parents Association and other PLU events. We realize this may include more than one household/address. Please complete all sections that are pertinent. Thank you!

Household 1 ❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Other _____

_____
Last Name First Name MI

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____ Check if preferred ❑

Work E-mail _____ Check if preferred ❑

Employer _____

Title _____ Phone _____

Employer Address _____

City _____ State _____ Zip _____

❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Other _____

_____
Last Name First Name MI

Country _____ Phone _____

E-mail Address _____ Check if preferred ❑

Work E-mail _____ Check if preferred ❑

Employer _____

Title _____ Phone _____

Employer Address _____

City _____ State _____ Zip _____

Household 2 ❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Other _____

_____
Last Name First Name MI

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____ Check if preferred ❑

Work E-mail _____ Check if preferred ❑

Employer _____

Title _____ Phone _____

Employer Address _____

City _____ State _____ Zip _____

❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Other _____

_____
Last Name First Name MI

Country _____ Phone _____

E-mail Address _____ Check if preferred ❑

Work E-mail _____ Check if preferred ❑

Employer _____

Title _____ Phone _____

Employer Address _____

City _____ State _____ Zip _____

Siblings -	M/F	Name	Birth Date	M/F	Name	Birth Date
	____	_____	_____	____	_____	_____
	____	_____	_____	____	_____	_____

Family members who have attended PLU (indicate name, class year and relationship) _____

Church Preference (optional) _____ If Lutheran, which synod _____