



Legacy Program Enrollment Form

Alumni Name: _____

Relationship to child: _____

UIU Graduation Year(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Telephone Number: _____

Legacy – Please complete a separate form for each child

Child's name: _____

Date of Birth _____

Child's Address: (If Different From Above) _____

City: _____

State: _____ Zip: _____ Anticipated High School Graduation Year: _____

Please return your completed enrollment form to:

Alumni Office
Upper Iowa University
Attn: Joseph Moses
PO Box 1857
Fayette, IA 52142

Questions:

Joseph Moses
Development Officer/Special Programs Coordinator
mosesj@uiu.edu
563-425-5374

www.uiu.edu

