

Please complete and return this form to:
HAWAII BAPTIST ACADEMY ~ Office of Institutional Advancement
21 Bates Street / Honolulu, HI 96817-2404
FAX: 808/545-2513

Date _____

ALUMNI INFORMATION

_____ (_____) Class _____
Prefix (Mr., Miss Mrs., Dr., Rev. etc.) Last Name First Name Middle Maiden

Street _____ Phone (_____) _____

City _____ State _____ Zip _____

Check if unlisted: ___ Address ___ Phone #

FAX _____ Email _____

Parents' Name* _____

Street _____ Phone (_____) _____

City _____ State _____ Zip _____

Your Occupation/Position _____

Employer's Name _____ Phone (_____) _____

Street _____

City _____ State _____ Zip _____

Colleges/Schools Attended	City and State	Year Graduated or expected date	Degree/Major
___ check if currently attending			

Married to _____ Date _____

Spouse's Occupation/Employer _____

Children's Names and Birth Dates _____

Hobbies, Interests, Accomplishments _____

Community Activities (past/present) _____

Church Affiliation and Activities (past/present) _____

Travels Abroad _____

Other Information _____

Date of Birth _____

*And/or name and address of a contact person in case we cannot locate you: _____

Optional: Use reverse side for any comments or special memory about HBA.