



# CU FAMILY NETWORK

## PARENT/FAMILY INFORMATION

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Alternate E-mail Address \_\_\_\_\_

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Class Year \_\_\_\_\_

Student Name \_\_\_\_\_ Class Year \_\_\_\_\_

## WHAT ARE YOUR INTERESTS?

Please use the space below to identify the type of information and/or services you are interested in receiving.

---

---

---

What can we do to help you support your son or daughter?

---

---

---

Please submit your application to the following:

**CU FAMILY NETWORK**  
Capital University  
1 College and Main  
Columbus, OH 43209-2394  
Attention: Kimberly M. Ferguson