

# ***student* leadership**

## The **S**tudent **L**eadership **T**raining **P**rogram

Leaders walk their talk.

### **Alumni Card Signup**

Have you moved or changed your name? Please let us know so you can continue to receive the alumni newsletter, Linkage, information about upcoming events and other publications. For questions, please contact [info@sltp.info](mailto:info@sltp.info).

We value your privacy, and will not sell or share your information. For more information, view our privacy policy online: <http://sltp.info/privacy.html>

Your Name: \_\_\_\_\_

Former name (if name change): \_\_\_\_\_

SLTP Residential Program attended: \_\_\_\_\_

Year attended: \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

For all students under the age of 13, in order to comply with the Children's Online Privacy Protection Act, we must have permission from your parent or guardian to add your information to our records.

# ***student* leadership**

## The **S**tudent **L**eadership **T**raining **P**rogram

**L e a d e r s   w a l k   t h e i r   t a l k .**

I, the undersigned parent/guardian of \_\_\_\_\_  
acknowledge the sharing of my child's personal information with SLTP. I  
understand that SLTP will add this information to their records and will periodically  
send newsletters and other information about SLTP products and services. I am  
aware that I may request at any time to have my child's personal information  
changed or removed from SLTP's records by making that request in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Please mail this form to:*

SLTP Address Update, 108 Observatory Waye, Marshfield, MA 02050