

# **student leadership**

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

Leaders walk their talk.

### **Alumni Card Signup**

Your SLTP Alumni Card gives you access to a number of Alumni Benefits.

To request a new or updated Alumni Card, please fill out the form below. Please allow at least 10 business days for delivery. 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): \_\_\_\_\_

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

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

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

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

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

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 process your card.

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 Alumni Card, 108 Observatory Way, Marshfield, MA 02050