

**Los Angeles Adventist Academy Alumni
Contact Information Form**

Name: _____ Maiden: _____

Address: _____
Street City State Zip

Phone: () _____ Email: _____

Please check the school(s) you attended AND the year(s): Graduation Year

- () Los Angeles Union _____ to _____
() Lynwood Academy _____ to _____
() Los Angeles Adventist Academy _____ to _____
() Other _____
() Student () Faculty () Staff

I would like to receive alumni communications via:

- () Email: _____
() Social Media: Platform _____
() US Mail: Address _____
() I am a Charter Member () I am a Regular Member
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