



Albany Medical College Archives Bio Form

(This form will be added to your individual Archival Alumni File)

Name:	Class Year:
Email:	
Current Position:	
Career Accomplishments:	
Mentors or Faculty Influences:	
Volunteer Roles/Boards:	
Significant Other:	<input type="checkbox"/> Spouse, married for _____ years <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____
Do you have children? _____ How many? _____	
Do you have grandchildren? _____ How many? _____	
Any additional information or fond memories of Albany Medical College you would like to include:	
<input type="checkbox"/> Do we have permission to share the above information in any future Alumni publications? If yes, please check box.	
Don't forget a current photo or any other items you would like included in your archival file – such as journal articles, news clippings, etc.	

****PLEASE COMPLETE AND RETURN FORM WITH ANY ATTACHMENTS TO:**

Albany Medical College Alumni Association

Jessica Watson

47 New Scotland Avenue, MC-5

Albany, NY 12208

OR

E-mail the form to WatsonJ1@mail.amc.edu