



Name: _____ Email: _____

Address: _____

Your student's name: _____ Are you a SUNY Canton Alum? Yes No

Your relationship to the student: Parent _____ Guardian _____ Spouse _____ Other _____

Do you have another family member interested in joining? Sign them up!

Family Member's Name: _____ Email: _____

Are they a SUNY Canton Alum? Yes No

Their relationship to the student: Parent _____ Guardian _____ Spouse _____ Other _____

Print and mail to:

SUNY Canton
Parent/Family Association
French Hall
34 Cornell Drive
Canton, NY 13617