

Permission to Share Contact Information

By checking the "I consent" box at the bottom and filling out the information below, I consent to releasing the below information to the U.S. Naval Academy Alumni Association and Foundation, a liaison between the Academy and the midshipmen parent community, for the reasons specified. In addition to the reasons specified below, this information will be used to enhance the awareness of programs and support for parents of Naval Academy midshipmen, as well as ways for parents to support the Academy, their fellow parents, and the Brigade of Midshipmen.

Additional information about the Naval Academy Alumni Association and Foundation can be found at <https://www.usna.com/>.

If at any point you would like to revoke this consent, please contact the U.S. Naval Academy Alumni Association and Foundation at membership@usna.com or 410-295-4000.

Parent Info	Reason for Gathering
Last Name _____	ID
First Name _____	ID
Email address _____	For communication So that we know how to communicate with parent based on plebe status
Plebe Name _____	For communication
Mailing address _____	To avoid duplicate communications/set up household acct
Spouse Name _____	If available
Employer Info _____	If available
Education Info _____	
Midn Candidate Info	
Last Name _____	ID
First Name _____	ID
Middle Name _____	ID
Date of Birth _____	ID

I, _____, consent to release the above information to the US Naval Academy Alumni Association and Foundation.