

Distinguished Alumni Nomination Form

Submit Form to:
Distinguished Alumni Nomination
Education Foundation of Albert Lea
P.O. Box 828
Albert Lea, MN 56007

Submitted By

First Name _____

Last Name _____

City _____ State _____ Zip _____

Phone _____ Email _____

Nominee Name

First Name _____

Last Name _____

ALHS Graduation Year _____

Present Address (If Living):

City _____ State _____ Zip _____

Phone _____ Email _____

Spouse or Family Member to contact (optional)

First Name _____

Last Name _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please write a brief statement explaining why the individual deserves to be recognized as Distinguished Alumni: