



**Kentucky State University
THOROBRED LEGACY PROJECT**

A number of children, grandchildren, siblings and others have followed family members and attended Kentucky State University during its 120-year history. As the decades have passed, we are seeing many more legacy families, and we want to know about you, your pursuits and your achievements. KSU is therefore launching the **Thorobred Legacy Project**, in which we are compiling histories of family members attending KSU that will be included in video and in print. The purpose of the **Thorobred Legacy Project** is to develop a repository of multigenerational stories of legacy that can be passed on to others.

Help us celebrate KSU's remarkable history and mission. If you are a graduate and have family members who also have graduated from KSU, the Alumni Relations Office is asking for your information on the form below.

Please detach and send in bottom portion with your Legacy information. See instructions on next page.

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INFORMATION FORM

Name of Person Submitting Form: _____ KSU Class Year: _____

Address: _____

City, State, Zip: _____

Daytime Telephone #: () _____ E-Mail Address: _____

Family Alumni Information (parent, grandparent, child, sibling or other family member)

Name of Legacy Family Member: _____ Class Year: _____

Relationship to Person Submitting Form _____

Address: _____

City, State, Zip: _____

Daytime Telephone #: () _____ E-Mail Address _____

Name of Legacy Family Member: _____ Class Year: _____

Relationship to Person Submitting Form _____

Address: _____

City, State, Zip: _____

Daytime Telephone #: () _____ E-Mail Address _____

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INSTRUCTIONS

- Make copies of form attached below as needed. Print form on Letter size Paper (8 ½ x 11)
- Place an asterisk by each deceased member's name listed on your legacy form.
- Submit your completed form by **September 15, 2007** to:

**Garland W. Higgins, Director
Office of Alumni Relations
Kentucky State University
400 East Main St.
Hume Hall, Suite 102
Frankfort, KY 40601**

- You also can contact us by telephone: (502) 597-6511
Or e-mail: garland.higgins@kysu.edu

Name of Legacy Family Member: _____ Class Year: _____

Relationship to Person Submitting Form _____

Address: _____

City, State, Zip: _____

Daytime Telephone #: () _____ E-Mail Address _____

Name of Legacy Family Member: _____ Class Year: _____

Relationship to Person Submitting Form _____

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