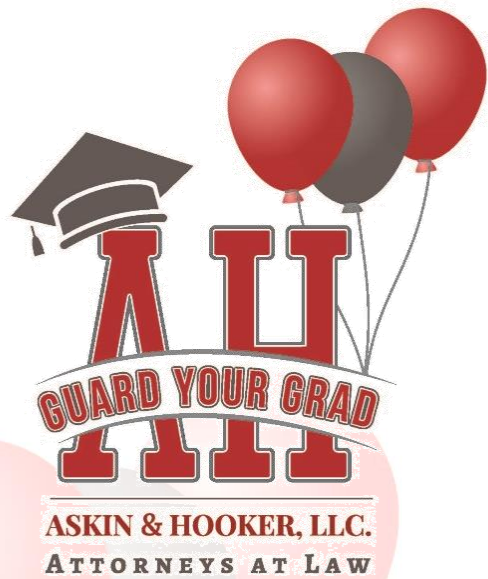


**ASKIN & HOOKER, LLC**  
**ATTORNEYS AT LAW**

200 Woodport Road  
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(973) 729-7711  
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**Confidential Questionnaire**

Date: \_\_\_\_\_

Please provide your responses to the following questions in the space provided below.

How did you hear about the Guard your Grad program? \_\_\_\_\_  
(individual, website, facebook, display ad, email, flyer, reputation, etc.)

**Part One. Graduate Information**

Graduate's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_  
Township: \_\_\_\_\_ County: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_  
Name of High School Attended: \_\_\_\_\_

**POWER OF ATTORNEY:**

Entering into a Power of Attorney authorizes another individual to become responsible for conducting your financial affairs or to sign any legal documents on your behalf in the event that you are incapacitated and unable to act.

**LIVING WILL:**

The Living Will permits you to select another person to make your health care decisions if you are unable to do so and to authorize your admission into a care facility. This person is known as a Health Care Proxy or Health Care Agent. This person will make all medical decisions for you in the event you are unable to make them for yourself.

Please provide the name of the person and alternate that you wish to name as your decision makers.

Name of Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

1st Alternate Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student Signature: \_\_\_\_\_