

Reunion 2008

Please take a moment to complete this questionnaire. All those returned by your classmates will be compiled into a directory for your class. Even if you are not planning to return to campus for reunion, please send in your information. ***Type or print clearly in black ink,*** and return it to the office of Alumni Relations at the College, 700 Prospect Street, New Haven, CT 06511.

Questionnaire information may also be submitted via e-mail to alumni@albertus.edu. Additional forms are posted at www.albertus.edu in the Alumni & Friends *Reunion Information* section.

Name: _____ Class Year: _____

Address: _____

Phone (Day) _____ (Evening) _____ E-Mail _____

Education _____

Family _____

Current Employment _____

Interests/Current community involvement _____

Fondest Albertus memory _____

Additional comments or information you would like to share _____
