

Albertus Magnus College Reunion 2013

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 available at www.albertus.edu/alumni/reunions

Name: _____ Class Year: _____

Address: _____

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

Additional Education _____

Family _____

Current Employment _____

Interests/Current community involvement _____

Fondest Albertus memory _____

Additional comments or information you would like to share _____

Please do not share my information in the class directory.