



Suffolk University Law School · Biographical Survey · Alumni Weekend June 11-14, 2009

Name _____
 Class Year _____ Law School Section _____
 Home Address _____

 Home Telephone _____
 E-Mail _____
 Business Title _____
 Firm Name _____
 Business Address _____

 Business Telephone _____
 Seasonal Address _____

 Seasonal Dates _____

1) In what area of law do you practice?

2) If you are not practicing law, what type of work do you do?

3) Did you receive an additional degree from an institution other than Suffolk Law School? (Yes) or (No) If yes, please list below.

4) List other family members who have attended Suffolk University. Please include name, class year, degree received, and relationship to you.

5) Are there members of the faculty or class with whom you would like to reconnect?

6) Who have you been in contact with in the last year from your graduating class?

8) Name of Spouse _____

9) Names/Ages of Children _____

PLEASE PROVIDE RECENT PHOTO

PLEASE PROVIDE PHOTO FROM YOUR LAW SCHOOL DAYS

Please continue on the other side >>



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>> *Survey continued*

10) Provide a brief summary of your professional career and activities that might be of interest to your classmates. (You may add an attachment to this form if necessary.)

12) Please list other activities (eg. volunteer work, recreation, hobbies, travel, etc.)

13) Describe a memorable moment at Suffolk Law School.

14) Who was your favorite professor, and why?

Please return this form to: