

TRINITY UNIVERSITY CLASS OF 1974 SURVEY
35th Reunion

(Please print clearly, survey will be copied unedited.)

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Occupation/Employment: _____

Degree(s): _____

Schools: _____

Spouse's/significant other's name (maiden name) (if Trinity alumnus/a, please include class year):

Family (children, grandchildren, age, grade, school, pets):

Favorite Trinity memory: _____

The one event you remember best at Trinity: _____

Favorite restaurant/bar/hangout: _____

Accomplishments and significant events since graduating from Trinity: _____

Other interesting information:

Which professors would you like to see during Alumni Weekend?

Do you plan to attend our reunion on November 6-8, 2009? Yes No Maybe

Got a picture to share? Please submit or email a photo of yourself and/or your family- identify those pictured on the back of the picture or in your email message.

Even if you are not attending our reunion, please complete this survey so we can share your information and update our records.

Please return your survey and photo by October 7, 2009 to:

Trinity University
Office of Alumni Relations
One Trinity Place
San Antonio, TX 78212-7200
Elizabeth.ford@trinity.edu

THANK YOU FOR COMPLETING THIS SURVEY!