



Alumni Questionnaire

DePaul School for Hearing and Speech, Development Office, 6202 Alder Street, Pittsburgh, PA 15206
Phone: 412-924-1012/ Fax: 412-924-1037 / E-mail: celebrate100@depaulinst.com

Personal Information:

Name: _____
(Title) (First) (Middle) (Last)

Birthday: _____,
(Month) (Date) (Year)

Class or year mainstreamed: _____

E-Mail Address _____@_____.

Home Address: _____
(Street) (Apt. #)
_____, _____
(City) (State) (Zip)

Telephone Number: (_____) _____ - _____

Post-DePaul Education:

Primary school: _____
(name) (City, State) (Year Graduated)

Secondary School: _____
(name) (City, State) (Year Graduated)

College: _____
(name) (City, State) (Major/Degree) (Year Graduated)

Graduate School: _____
(name) (City, State) (Major/Degree) (Year Graduated)

Graduate School: _____
(name) (City, State) (Major/Degree) (Year Graduated)

Business Information:

Occupation/Profession: _____

Company Name: _____

Position/Title: _____

Address: _____
(Street) (Suite #)
_____, _____
(City) (State) (Zip)

Telephone Number: (_____) _____ - _____

Alumni Questionnaire

Family Information:

Spouse's Name: _____
(Title) (First) (Middle) (Last)

Spouse's Profession: _____

Children's Names: _____
(Name) (Birthday)

(Name) (Birthday)

(Name) (Birthday)

(Name) (Birthday)

Parent's Information:

Parent's Names: _____
(Mother) (Father)

Parent's Profession: _____
(Mother) (Father)

Home Address: _____
(Street) (Street)

_____, _____
(City) (State) (Zip) (City) (State) (Zip)

DePaul Volunteering Interest:

Planned activities succeed and community events are enhanced through the participation of our dedicated alumni and family. If you would like to actively participate in the DePaul community please select your level of interest:

____ Volunteer at a special event _____ Volunteer for a special committee
____ Volunteer at a community event _____ Other: _____

Memories:

What activities did you participate in at DePaul? _____

What is your most fond memory about your time at DePaul? _____

Do you know another DePaul alumnus that would benefit from receiving this survey? Please contact us if you know of others that should receive this information.

Thank you very much for completing the questionnaire! Please do not hesitate to contact us if you have any comments or suggestions. We look forward to hearing from you. Please return the questionnaire to: **DePaul School for Hearing and Speech, Development Office,**
6202 Alder Street, Pittsburgh, PA 15206 or Fax to: 412-924-1017
or e-mail to: celebrate100@depaulinst.com