

LAFAYETTE COLLEGE

David Bishop Skillman Library

Easton, Pennsylvania 18042-1797 ♦ TEL 610-330-5151 ♦ FAX 610-252-0370 ♦ www.lafayette.edu

LGBTQ Lives at Lafayette College: The Queer Archives Project

Alumni Pre-Interview Questionnaire

Name: _____

Address: _____

Phone Number: _____ Email address: _____

Birth Date: _____ Birthplace: _____

Date of Marriage(s): _____ Children: _____

Education

High School: _____ Year of Graduation: _____

City/State: _____

Undergraduate Experience

Year Enrolled: _____ Year of Graduation: _____

Major(s): _____ Advisor(s): _____

College Residence: _____

(Freshman year)

(Sophomore year)

(Junior year)

(Senior year)

Fraternity/Sorority Affiliation: _____

College Activities (non-athletic): _____

Athletic Activities: _____

Campus mentor(s): _____

Graduate Education

School: _____

Degree Awarded: _____ Year of Graduation: _____

School: _____

Degree Awarded: _____ Year of Graduation: _____

School: _____

Degree Awarded: _____ Year of Graduation: _____

Work Experience (or attach resume or curriculum vitae)