

CALLING ALL SSSD ALUMNI !!!!

SCRANTON STATE SCHOOL FOR THE DEAF (SSSD) ALUMNI SURVEY (Please Print)

First Name: _____ Last Name: _____

Name while a student at SSSD: _____

I attending SSSD FROM: _____ TO: _____

WHERE ARE YOU LIVING NOW?

Street Address: _____

City Address: _____

Email Address: _____

TTY Number: _____

VP Number: _____

WHAT ARE YOU DOING NOW?

(Fill in what you feel comfortable telling us)

School After SSSD: _____

Work After SSSD: _____

What do you remember most about SSSD?

May the SSSD Alumni contact you? Yes No

May SSSD contact you? Yes No

Please send this survey to: Scranton State School for the Deaf (SSSD)
c/o Dr. Monita G. Hara, Superintendent
1800 North Washington Ave.
Scranton, PA 18509

Dr. Hara will make sure that Mary Tina Gurnari, SSSD Alumni President, receives your information. Thank you.