

# MSU COLLEGE OF LAW – CLINICIAN PROFILE

Name: \_\_\_\_\_  
                    First                    Middle/Maiden                    Last

Spouse-Partner/Children/Name(s): \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Clinic(s) Participation:    Tax Yr. \_\_\_\_\_    Rental Housing Yr. \_\_\_\_\_    Small Bus./NP Yr. \_\_\_\_\_

My fondest clinic memory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My funniest clinic memory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In my leisure time I: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I look forward to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre/Post Graduation, I (business and family news, community activities, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Message to my classmates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this completed form to:*  
**Kim Gardner; email: [gardn164@law.msu.edu](mailto:gardn164@law.msu.edu); Phone: 517.336.8088; Fax: 517.336.8089**