

Date: _____

NYC Trans Oral History Project

Interviewee Data Sheet (Page 1 of 2)

(Please fill out prior to the interview.)

Any information collected will be used to catalogue, label, and organize interviews.

The following information will appear on our **public** archive website alongside your recording. Please fill out these fields exactly as you'd like them to appear on the website. We are happy to accommodate requests to change your information after publication.

Name:

Birth Year:

Pronouns:

Place of Birth:

Occupation(s); previous or current:

Interview Location (ex. X's apartment, Crown Heights, Brooklyn, NY):

Name of Interviewer:

Interviewee Data Sheet (Page 2 of 2)

The following information will be kept **private** within the NYC Trans Oral History Project collective.

Full Name:

Birth Date (ex. 6/28/1984):

Email Address:

Phone:

Address:

How do you know the interviewer?



New York
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