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: ____________________________
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?**