SOUTHERN FOODWAYS ALLIANCE: Oral History Initiative
Center for the Study of Southern Culture Barnard Observatory University, MS 38677

SUBMISSION COVER SHEET

PLEASE PRINT CLEARLY

Name of Interview Subject: _____
First Middle Last Maiden

Company/Organization (if any): _____

Name of Interviewer: _____

Company/Organization (if any): _____

Interviewer's Relationship to Interview Subject: _____

TYPE OF INTERVIEW:

❑ Part of a specific SFA Oral History Project

Project Name: _____

❑ Individual Submission

Interview Topic(s): _____

_____

_____

_____

Recording format? Cassette ❑ MiniDisc ❑ (*Please complete the Recording Log*)

Number of tapes/discs: _____ Length of recording (in minutes): _____

Transcription: Full ❑ Partial ❑ (*Please make sure the interview has been transcribed according to our Transcription Guidelines*)

Are photographs included? Yes ❑ No ❑ (*If yes, please complete our Photograph Log*)

Additional Comments: _____

_____

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