Baylor University
Institute for Oral History

Oral History Nomination Form

The purpose of this form is to suggest someone that you believe should be the subject of an oral history interview. As you would imagine, there are more interviews to be done than there are resources to do them, so we are unable to guarantee each nominee will be interviewed.

Name of Nominee (last/first): _____

Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

Age: (approx.) _____ Male ☐ Female ☐

Ethnicity: African-American ☐ Hispanic ☐ Anglo-European ☐ Other ☐

Address: _____

Phone: _____ Cell Phone: _____

E-mail (if available): _____

Spouse's Name: _____

Is he/she willing to be interviewed? Yes ☐ No ☐

Why are you recommending this individual for an oral history interview?

Nominator: _____

Address: _____

Phone: _____ Cell Phone: _____

E-mail (if available): _____

How are you familiar with the work of the Institute for Oral History?

Date of Nomination: _____

Reset Form

Email Form

Print Form