

Biography Form
Oral History Interview
Glen Park Neighborhoods History Project
San Francisco, California

Current last name of Oral History Participant: _____

Current first and middle names: _____

Any previously used names: _____

Female___ Male___ Ethnicity (optional): _____

Birth year: _____ [Death year if applicable]: _____

Current Address: _____,
_____ [city], _____ [state], _____ [zip]

Email: _____

Phone: _____

Any previous address(es) pertaining to interview: _____

Any employment or businesses owned relating to interview matters (include title, name,
location, and years): _____

Any neighborhood associations, churches, or groups belonged to (include years): _____

Any local projects participated in (include years): _____

Any other biographical information pertaining to oral history interview and related local history events and issues (include years, locations, etc.): _____

Contact information (if different from Participant's above)

Name: _____

Relationship to Participant: _____

Address: _____, _____ [city], _____ [zip]

Email: _____

Phone: _____

I, the Participant, understand that the information provided on this form will be entered into the Glen Park Neighborhoods History Project database and may ONLY be used for research and educational purposes. I have noted below if I am willing to be contacted in the future by media (newspaper, television, etc.) or researchers.

Participant signature: _____

I allow my contact information to be given to the press: Yes____ No _____

I allow my contact information to be given to researchers: Yes____ No _____