

STORYCORPS

PARTICIPANT DATA SHEET

StoryCorps collects information from every participant to ensure that our archive fully represents people of all backgrounds. For children 13 years old or under, this Data Sheet must be completed by a parent or legal guardian of the child. All information you provide under this form is completely optional and will be subject to StoryCorps Privacy Policy. (<https://archive.storycorps.org/privacy-policy/>)

PERSONAL INFORMATION

Relationship: I am my interview partner's _____

Title: _____ Name: _____

Address: _____

City: _____ State: _____ Zip/Postal code: _____ Country: _____

Phone number: () _____

E-mail:

Date of Birth: ____ / ____ / ____ City of Birth: _____ State of Birth: _____ Country of Birth: _____
month day year

DEMOGRAPHIC SURVEY

Race/Ethnicity: *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic or Latino/Latina
- Native Hawaiian
- or Other Pacific Islander *(please specify)*
- White/Caucasian
- _____

We encourage you to use this space to describe your identity in your own words:

STORYCORPS USE ONLY *(do not write in this section)*

Initiatives:

- Griot
- Military Voices
- Historias
- OutLoud
- September 11th
- Memory Loss

Date of Interview: _____ Time of Interview: _____ Location of Interview: _____ Facilitator: _____