

California State University, Bakersfield

Walter W. Stiern Library Historical Research Center

Oral History Project

INTERVIEW SUMMARY

Please fill out 1-12. If the tape is to be deposited at the California State University, Bakersfield Archives, submit the recording, the transcript (if any), release forms signed by the interviewer and interviewee, and this form to the Archivist. Recordings will **not** be accepted without release forms and this Interview Summary.

1. Name of Interviewee:
2. Address:
3. Date and place of birth:
4. Place of longest residence:
5. Date and place of interview:
6. Length of recording:
7. Name, address, and email of interviewer:

Archive use only

- | | | | |
|---|----------------------------|-------------|-------|
| A. Format: | Audio | Video | Both |
| B. First draft transcribed by: | | | Date: |
| C. Final transcription by: | | | Date: |
| D. Transcription edited by: | | | Date: |
| E. Transcription forwarded to Catalog Dept. (date): | | | |
| F. Releases on File? | Interviewee | Interviewer | |
| | Yes, w/o stipulations | | |
| | Yes, w/stipulations | | |
| | No | | |
| | Describe any stipulations: | | |

8. Historical importance:

9. Subjects discussed:

10. Names mentioned:

11. Period:	-1920:	1920-1930:	1930-1940:	1940-1950:
	1950-1960:	1960-1970:	1970-1980:	1980-

12. Accompanying material: