

## African American Heritage Project: Oral Histories Series Pre-Interview Form

Please return completed forms to 2 South Main St., Lexington, NC, 27292 or email dch.museum@davidsoncountync.gov

Name	e:		
	First	Last	
Email	l:	Phone #:	
Addre	ess:		
City:		Zip/Postal Code:	
Please opublic p	ng the interview you consent to: check all that apply. Please note that the purpose of programming which includes museum exhibit, spech files.		
	Being video recorded Being audio recorded Your responses being transcribed The use of your name		
Locat	tion you prefer for the interview to take	e place	
	In-Home Museum		
Do you	ect Special Areas of Interest u have personal experiences or knowledge in any of all that apply.	of the following subjects that you wish to discuss	during your interview?
	Segregation in Davidson County. Integration in Davidson County Civil Rights Movement in Davidson Co Manufacturing and other work experien Chitlin Circuit in Davidson County	nce in Davidson County in Davidson County, ex: Lick Skillet and hools in Davidson County	l others

## **Other Life History Notes:**

Briefly list other life history experiences or knowledge you have that might be of interest during your interview.