

CCHS ORAL HISTORY PROJECT ORAL HISTORY CANDIDATE PROPOSAL FORM

Candidate	
Address	
Phone	Email
Birth date (or approximate age)	
Reason(s) for recommendation:	
Name of person nominating	
Address	
Phone	Email
Date	
Interested in Conducting Interview? Yes / No	
Please fax this form to 301-656-6540, or send to: CCHS PO BOX 15145 Chevy Chase, MD 20815	