

University of Central Oklahoma Oral History Archives
Conceived in the late 1980's by the university Archivist and expanded upon by the
History and Geography Department in 2004 the Oral History Archives
contains over 150 interviews conducted with people from around Oklahoma.

**University of Central Oklahoma Oral History Archives
Archives & Special Collections, Chambers Library**

100 University Dr. Box 192
Edmond, OK. 73034
405-974-2882
<http://library.uco.edu/archives>

PRE-INTERVIEW SURVEY AND LIVING HISTORY

Please answer as many of the following questions as you feel comfortable completing.

Name: _____ Maiden: _____

Current Address: _____

City: _____ State: _____ Zip _____

Telephone Numbers, home: _____ mobile: _____ work: _____

Email Address: _____

Date of Birth, year: _____ month: _____ day: _____

Place of Birth: _____

I am able to visit the University of Central Oklahoma for an interview. Yes No

I would prefer an interview be conducted in my home. Yes No

I would like additional information on possibly donating my personal or family papers, photographs, and other materials to the University of Central Oklahoma Archives & Special Collections, please send me additional information. Yes No

FAMILY HISTORY

Father's Name: _____

Date/Place of Birth: _____

Date/Place of Death: _____

Ethnicity: _____

Education (check highest level of education):

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some Elementary | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> College |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Graduate School |

If your father attended college, please list name of school and date of graduation if applicable:

Father's Occupational History: _____

Father's Religious Affiliation: _____

Father's Political Affiliation: _____

Father's Military Service: _____

Mother's Name: _____ Maiden: _____

Date/Place of Birth: _____

Date/Place of Death: _____

Ethnicity: _____

Education (check highest level of education):

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some Elementary | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> College |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Graduate School |

If your mother attended college, please list name of school and date of graduation if applicable:

Mother's Occupational History: _____

Mother's Religious Affiliation: _____

Mother's Political Affiliation: _____

Mother's Military Service: _____

Date and Place of Parents Marriage: _____

Please list the names of your brothers and sisters, dates of birth, highest level of education and degrees attained. (Please list name of school and date of graduation, if possible.)

YOUR HISTORY:

EDUCATION:

Elementary School, name, location, years of attendance: _____

High School, name, location, years attended: _____

Undergraduate School, name, location, years attended, degrees: _____

Graduate School, name, location, years attended, degrees: _____

Professional School, name, location, years attended, certificates: _____

OCCUPATIONAL HISTORY:

Please list by date, in chronological order, include positions held:

Dates	Company & Location	Position Held

Religious Affiliation: _____

Political Affiliation: _____

Military Service: _____

YOUR SPOUSE (IF APPLICABLE)

Name: _____ Maiden: _____

Date & Place of Birth: _____

EDUCATION:

Elementary School, name, location, years of attendance: _____

High School, name, location, years attended: _____

Undergraduate School, name, location, years attended, degrees: _____

Graduate School, name, location, years attended, degrees: _____

Professional School, name, location, years attended, certificates: _____

OCCUPATIONAL HISTORY:

Please list by date, in chronological order, include positions held:

Dates	Company & Location	Position Held

Spouse's Religious Affiliation: _____

Spouse's Political Affiliation: _____

Spouse's Military Service: _____

Spouse's Civic Involvement: _____

Date & Place of Marriage: _____

Date & Place of Divorce: _____

Number of children _____ Please give names of your children, date of birth, levels of education attained. Please also include names of school, date and type of degrees, if possible: Please include additional sheet of paper if necessary.

YOUR PERSONAL EXPERIENCE:

Which department are you affiliated with? _____

How long have you worked at UCO? _____

What changes have you seen in your department since you began working at UCO? _____

How have you seen the campus environment change since you've been at UCO? _____

What is the best thing about working at UCO? _____

What one thing would you change about UCO if given the opportunity? _____

Thank you for taking the time to complete this extensive survey. Please feel free to add any additional information on a separate sheet of paper that you think will help the interviewer in preparing for your interview. We are very interested in hearing from you.

Please mail the completed pre-interview survey to:
University of Central Oklahoma Oral History Archives
Attn: Nicole Willard
Archives & Special Collections
100 N. University Dr., Box 192
Edmond, OK. 73034