

Lafayette College Archives
Oral History Project

Faculty/Staff Pre-Interview Questionnaire

Name: _____

Address: _____

Phone Number: _____ Email address: _____

Birth Date: _____ Birthplace: _____

Date of Marriage(s): _____ Children: _____

Education

High School: _____ Year of Graduation: _____

City/State: _____

Education

High School: _____ Year of Graduation: _____

City/State: _____

College or University: _____

Degree Awarded: _____ Year of Graduation: _____

Post College or University: _____

Degree Awarded: _____ Year of Graduation: _____

Post College or University: _____

Degree Awarded: _____ Year of Graduation: _____

Lafayette Experience

Year Hired: _____ Year of Retirement (if applicable): _____

Department/Office: _____

Work Experience (please attach resume or curriculum vitae)