

INTAKE FORM

Date

Your name

Current mailing address

E-mail address

Best phone number

Where were you living during the years
of desegregation of Virginia's schools?

Schools you attended or worked at
(Please indicate years)

Town, county, state where you
attended school (or taught)

What was your school class
(HS graduating year)?

Would you like to make yourself
available for interviews with students
or the media?

Yes
 No

May we contact you for further
information, as needed?

Yes
 No

Are you donating any items today?

Yes
 No

If yes, please specify:

Use the back of this sheet if there is anything else you wish to share.