



**SAA 75<sup>th</sup> Anniversary Oral History Project  
Transfer Cover Sheet**

Name of transferring agent (person filling out this form):

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of interviews included: \_\_\_\_\_ Date(s) of interview: \_\_\_\_\_

Recorded on digital or analog media? \_\_\_\_\_

Format of enclosed media (please circle one):

Digital – memory card CD DVD DVtape USB thumb drive

Analog – cassette tape VHS tape

Quantity of media (number of tapes, discs or memory cards): \_\_\_\_\_

If digital – what is the file type? (please circle one):

WAV MP3 AVI MOV MPEG4 OTHER \_\_\_\_\_

First and Last Name of Interviewee(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Before you submit**

Did you remember to:

Complete and sign all forms (Interviewee Biographical Form, Release Form, Transfer Form).

Label all media and place in proper storage containers.

Make a 2<sup>nd</sup> copy of the interview to send to the interviewee (if possible before transfer).

**Where to send your interview**

Please send original recordings and forms to:

Society of American Archivists Collection  
c/o Michael Doynen  
UWM Libraries / Archives Department  
P.O. Box 604  
Milwaukee, WI 53201-0604

[doynenm@uwm.edu](mailto:doynenm@uwm.edu)  
414-229-6980