Alcoholics Anonymous Area 30 Archives

Historic Interview Information Form

Please complete this form after the interview and keep it with the physical recording.

Date of Interview _____

Member
Interviewed _____

Address _____

_____

Cell # _____ E-mail address _____

Sobriety Date _____

Narrator _____

Address _____

_____

Cell # _____ E-mail _____

Start time _____ End time _____
Place of Interview _____
Length of Interview _____

Release Form Signed _____ (date) _____

Abstract of Interview: