

SPOH Dossier Check List

Narrator(s) Information

| | |
|--------------------------|--|
| Full Name | |
| Mailing Address | |
| Phone Number | |
| Date of Interview | |

Interviewers/Researchers/Students Information

| | |
|----------------------------|--|
| Full Name(s) | |
| Phone Number(s) | |
| Mailing Address(es) | |

Dossier Check List

Each dossier should contain the following. Please *initial* to confirm all materials are accounted for.

| Materials | Electronic Copy | Physical Copy |
|---|------------------------|----------------------|
| Letter to Narrator (written by Dr. Cherland) <ul style="list-style-type: none"> • Electronic OR Physical | | |
| Thank you note (written by researchers) <ul style="list-style-type: none"> • Electronic OR Physical | | |
| Signed Consent Forms <ul style="list-style-type: none"> • Copy is okay | | |
| Talent Release Form | | |
| MP4 Video File | | Not Applicable |
| Final Story | | |
| Index | | |

Researcher(s) Approval:

Please sign to indicate that all materials have been approved and accounted for, according to your academic and scholarly standards.

Researcher Signature

Date

Researcher Signature

Date

Researcher Signature

Date

Researcher Signature

Date

For SPOH Administration Only:

Date and method of dossier delivery: _____

Notes