



WOMEN'S HEALTH MATTERS

Date: _____

Student Interview Request Form

Thank you for considering Planned Parenthood for your upcoming school project. Fill out this form completely in order to be granted an interview.

Your Name – First: _____ Last: _____

Description of project: _____ Due date: _____

Name of class: _____

Teacher or advisor's name: _____

Name of school: _____ Grade or level: _____

Your Phone #: (_____) _____ Email address: _____

Preferred method of contact: ☐ Phone ☐ Email ☐ No preference

Dates and times you would prefer that we contact you: _____

List of interview questions: _____

The information you provide on this form enables us to respond to your request in the best way possible, either by phone or email. (We will only use the information you provide for the purposes of responding to your interview request. We will not add you to our mailing list.)

We consider it important to serve as a resource to students. However, please note that we require at least 2 business days to respond to requests for interviews, and depending on staff availability and the urgency of your request, we may not be able to meet your needs.