

## “DUE TO THE CIRCUMSTANCES OF TODAY”

THE U.S. HOUSE OF REPRESENTATIVES REMEMBERS SEPTEMBER 11, 2001

Thank you for your interest in the Office of the Historian’s September 11, 2001, Oral History Project. We would like to provide you the opportunity to reflect on your experiences working for the U.S. House of Representatives on 9/11 and the days and months following the attacks. This form is for archival purposes only. Select individuals may be contacted for future oral histories.

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NAME

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POSITION HELD ON SEPTEMBER 11, 2001

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MAILING ADDRESS LINE 1

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TELEPHONE NUMBER

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MAILING ADDRESS LINE 2

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EMAIL ADDRESS

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CITY/TOWN

STATE

ZIP CODE

Once you have completed this form, *please submit to:*

Office of the Historian  
U.S. House of Representatives  
B-56 Cannon House Office Building  
Washington, DC 20515

FAX: (202) 226-2931

EMAIL: [history@mail.house.gov](mailto:history@mail.house.gov)

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Please feel free to use additional pages.

1. *Please provide a detailed narrative of your experiences on September 11, 2001.* Include the sources from which you gathered your information during the day and your evacuation route (i.e., time, location).

2. *After September 11, 2001, what changes did you notice in the institution?* Were there any day-to-day changes at the U.S. Capitol complex that resonated with you?

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3. *Please describe your most lasting memory of September 11, 2001, including the days and months following the attacks.*