

Oral History Release Form

Date of Interview:

Speaker/ Interviewee:

Recorder/ Interviewer:

Location of Interview:

My signature indicates that _____ has my permission to make copies of the audio/video recording, photographs, and transcripts of the interview noted above, according to the provisions and restrictions below:

(please circle)

- Yes No -for bona fide research purposes
Yes No -for educational use (in seminars, workshops, conferences or teaching)
Yes No -for broadcasting purposes
Yes No -for publication, including internet publication
Yes No -for public performance, display or exhibition
Yes No -for deposit in a research library or archive

With the following provisions and restrictions:

(please circle)

- Yes No -I wish my contribution to be anonymous
Yes No -I wish the recording and transcript to be "closed" to other researchers for _____ years from the date of the recording
Yes No -I wish the names of others to be changed/ rendered anonymous

Signed Interviewee:

Date:

Address:

Telephone:

Signed Interviewer:

Date: