

ORAL HISTORY RELEASE

I, _____ agree to be interviewed as part of the _____ project conducted by _____ (name/organization). I understand that the purpose of the Project is to collect audio and/or video oral histories, along with related documentary materials (such as photographs and manuscripts), which will serve as a record of my experiences. I give my permission for these materials to be used for scholarly and educational purposes, including exhibition, publication, project and related presentations, including audio, video, computer, dramatic, visual, written and other formats.

I hereby grant, convey and transfer to _____ (name/organization), all my rights, title, interest in and to my testimony recorded on _____, 20__ along with any photographs or written materials produced as a result of this project. I grant my consent for any photographs provided by me or taken of me as part of this project to be used, published and copied in any medium. I agree that my name, photographic image, statements and voice reproduction may be used without further approval on my part.

Signature of Interviewee

Signature of Interviewer

Printed name

Printed name

Date

Date

Address (Street and/or P.O. Box)

City, State, Zip Code

Telephone