

INTERVIEW RELEASE FORM

Project Name: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Tape Number: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Narrator(s)/Person(s) Interviewed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By signing the form below, you give your permission for any tapes, recordings, and/or photographs & videos made during this project to be used by researchers and the public for educational purposes including publications, exhibitions, World Wide Web, and presentations.

By granting permission, you do not give up any copyright/performance rights that you may hold.

I agree to the uses of the materials described above, except for any restrictions, noted below.

I understand that this interview and any photographs, tape recordings, or video recordings are part of scholarly research by the individual named above.

I give my permission for the following: (Check all that apply)

- \_\_\_\_\_ May be used for educational and research purposes
- \_\_\_\_\_ May include my name and/or biography
- \_\_\_\_\_ May be deposited in a local, state, or regional archive
- \_\_\_\_\_ Other (with description) \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Interviewee/Narrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interviewer/Researcher

\_\_\_\_\_  
Date

Thank you for your participation and willingness to share your historical memories and/or knowledge. Your contribution to this project is greatly appreciated.