

Project Name: \_\_\_\_\_ Oral History Project  
Interviewer Release Form

I, \_\_\_\_\_, am an interviewer for the \_\_\_\_\_ Project. I understand that the purpose of this project is to collect audio and video recorded oral histories. I hereby give the \_\_\_\_\_ Project the unqualified right to the use of the oral history memoirs created with my participation. The audio and video recordings and supporting materials such as written transcripts, photographs, and manuscripts will become part of the oral history records and permanent collection at Archiving Organization: \_\_\_\_\_. Access to these materials will be made available to (researchers, educational institutions, the general public). I understand that responsibility for reproduction, distribution, display, and the creation of derivative works such as websites, textbooks, publications, public presentations, museum exhibits, documentaries, and multimedia presentations will be at the discretion of the librarian, archivist, and/or project directors.

I hereby grant to the \_\_\_\_\_ Project the ownership, legal title and literary property rights related to the oral history interviews that I conduct, and the right to use the material that results from my participation as explained above.

I also grant the \_\_\_\_\_ Project my consent to use any photographs provided by me or taken of me in the course of my interview(s).

Accepted and Agreed

\_\_\_\_\_  
Signature of Interviewer

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

\_\_\_\_\_  
Print name

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_