

SAMPLE
Oral History Program
Interviewee Release Form

I _____ authorize (NAME OF ORGANIZATION / ORAL HISTORIAN) to record my oral history interview(s). I understand that (NAME OF ORGANIZATION / ORAL HISTORIAN) may record my interview with audio and/or video-tape. I understand that this interview will become part of the (NAME OF PROJECT/ COLLECTION). This release allows the interview recordings to be used to create a written transcript. (Optional: I authorize use of this interview(s) in publications, museum websites, exhibits, multimedia projects for public audiences and educational programs.) I understand that I have copyrights to my oral history interview and that this use does not interfere with my personal use of the oral history recording.

Conditions to release:

Date: _____

Print Name

Signature of Interviewee

Address:

Phone:
