

ORAL HISTORY RELEASE

Interviewee: _____
DOB: _____
Sex: _____
Phone: _____
Email: _____
Address: _____

Date & Time: _____
Project: _____
Subject(s): _____
Recording Method: _____

I, _____, hereby authorize _____ to interview me on _____ for the purpose of _____ on _____.

I consent to transcription, audio recordings, and videotaping that contain my words, voice, likeness, performance, and image.

I authorize the Interviewer to edit, compile, assemble, produce, copy, and redistribute all images and recordings of me, provided that it is in a manner that accurately and faithfully represents my narrative as reported during this time.

I authorize the Interviewer to exhibit, advertise, present, reproduce, display, and distribute this project only for the purpose of _____. I **{do not}** authorize commercial distribution of my contribution to this project.

(Interviewee Signature)

(Interviewer Signature)

(Date)