

**INTERVIEW RELEASE FORM**

Project name: \_\_\_\_\_

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

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

Tape number: \_\_\_\_\_

Name of person(s) interviewed: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

By signing the form below, you give your permission for any tapes and/or photographs made during this project to be used by researchers and the public for educational purposes including publications, exhibitions, World Wide Web, and presentations. By giving your permission, you do not give up any copyright or performance rights that you may hold.

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Researcher's signature: \_\_\_\_\_

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

Restriction description: \_\_\_\_\_

## Written Release Form

Full Name of Person Interviewed

(print): \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

Place of  
Interview: \_\_\_\_\_

Name of Interviewer & Institution  
(print): \_\_\_\_\_

Date of Interview: \_\_\_\_\_

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution named above. I give permission for the following (check all that apply):

- \_\_\_\_\_ May be used for educational and research purposes at the above institution
- \_\_\_\_\_ May include my name
- \_\_\_\_\_ May be included in a school publication or exhibit
- \_\_\_\_\_ May be included in another educational, nonprofit publication or exhibit
- \_\_\_\_\_ May be used but DO NOT include my name
- \_\_\_\_\_ May be deposited in a local, state or regional archive
- \_\_\_\_\_ Other (explain)

\_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if  
Interviewee Is a Minor

\_\_\_\_\_  
Date