

## Oral History Release Form (sample)

**Date of Interview:**

**Subject Name:**

**Interviewer Name:**

**Location of Interview:**

My ("the subject") signature indicates that \_\_\_\_\_ (interviewer)  
and

\_\_\_\_\_ (organization) has my permission  
to make copies of the audio/video recording, photographs, and transcripts of the  
interview noted above, including for the following purposes:

Bona fide research purposes  
Educational use (in seminars, workshops, conferences or teaching)  
Broadcasting purposes  
Publication, including internet publication  
Public performance, display or exhibition  
Migration to new technology  
Deposit in a research library or archive

**Signature of Subject:**

**Date:**

**Address:**

**Email:**

**Telephone:**

**Signature of Interviewer:**

**Date:**

(Give a signed copy of the signed Release Form to the interviewee and keep one for the organization's records.)