

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.)