

Catching Stories
Sample Release Form

The _____ oral history project is a program of the _____
project name organization name
_____. Recordings and transcripts resulting from interviews conducted for the project will be deposited in the oral history collection of _____, where they will be
organization name
made available for historical research and public dissemination. Participation in the project is entirely voluntary.

I, the undersigned, have read the above and voluntarily donate to the project full use of the information contained in the recordings made on _____, transcripts of the recordings, and other materials collected during the interview.
date

I hereby assign legal title and all literary property rights, including copyright, in these recordings and transcripts to the project, which may copyright and publish said materials. The information may be used for scholarly or educational purposes as determined by the project (except as noted below).

Restrictions on use: _____

Interviewee's signature Date

Interviewee's name (please print clearly)

Interviewee's address:

Street

City State Zip

Interviewer's signature Date

Interviewer's name (please print clearly)

Interviewer's address:

Street

City State Zip

If interviewee is minor, signature of parent or guardian:

Signature Date