

## 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.

Restriction Description: \_\_\_\_\_

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

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

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

Researcher's Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

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