

## WRITTEN RELEASE FORM

Full Name of Person Interviewed: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Name of Interviewer & Institution: \_\_\_\_\_

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 used but Do NOT include my name

\_\_\_\_\_ May be deposited in a local, state, or regional archive

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

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

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

Signature of Parent or Guardian (if a Minor): \_\_\_\_\_

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