



Oral History Interview Release Form Template

Project Name: _____

Date of Interview: _____

Location of Interview: _____

Name of Interviewer: _____

Name of Person(s) Interviewed: _____

Interviewee Address: _____

Interviewee Phone: _____ Interviewee Email: _____

The interview in which you are about to participate is part the _____ (Corporate Society name)'s project to _____ (describe project). The content of this interview will focus on your experience _____ (related to project).

I grant permission to record my image and/or voice for this oral history interview. I agree that legal title and all literary property rights, including copyright, to the recordings and images taken of me during the interview belong to the institution named below. This gift does not preclude any use I may choose to make of the information in the recording.

I support the sharing of this oral history and/or a transcript of the interview on the internet, successor technologies, and in print media, including but not limited to:

- the Corporate Society's website and/or social media
- The National Society of The Colonial Dames of America's (NSCDA) website and/social media.

The recordings may also be used for research, exhibitions, and publications.

Signature of Interviewee: _____

Date: _____

Signature of Interviewer _____

Interviewer's Relationship to Institution: _____

Date: _____