



Wisconsin Veterans Museum Research Center
State of Wisconsin, Department of Veterans Affairs
30 West Mifflin Street; Madison, Wisconsin 53703
Phone: (608) 261-0537 Fax: (608) 264-7615

Wisconsin Veterans Museum Oral History Program
Deed of Gift

The Mission of the Wisconsin Veterans Museum Oral History Program is to record and preserve the stories and experiences of Wisconsin men and women who served in the military. To deposit your interview(s) with the Museum, it will be necessary for you to sign this agreement.

This Agreement is made and entered into on this date _____ by and between the Wisconsin Veterans Museum, hereinafter called "Museum,"

_____, hereinafter called "Narrator," and

_____, hereinafter called "Interviewer."

Narrator and Interviewer herein permanently donate and convey the oral history interview(s) conducted on _____ [interview date(s)] to the Museum as part of the Museum's permanent collection. This Agreement relates to any and all materials originating from the interview, including but not limited to audio recordings of the interview, video recordings of the interview, documentation accompanying the video/audio recordings, and a written transcript prepared from the recordings, hereinafter called "the Work."

In making this gift, Narrator and Interviewer understand that they are assigning all right, title, and interest in copyright to the Work to the Museum. By virtue of this assignment, the Museum will have the right to use the Work for any research, educational, promotional or other purpose, including electronic reproduction, that the Museum may deem appropriate and without any further approval. Narrator and Interviewer also grant the Museum the right to use their names, voices, statements, and likenesses in conjunction with any Internet display, media production or promotional material. In return, the Museum grants Narrator a non-exclusive license to utilize the interview(s) during his or her lifetime.

I hereby release the Museum and its assignees and designees from any and all claims arising out of or in conjunction with the use of the interview, including but not limited to claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Restrictions:

_____ I wish to restrict access to online users until _____

NARRATOR

INTERVIEWER

(Signature)

(Signature)

(Printed Name)

(Printed Name)

Date: _____

Date: _____

WISCONSIN VETERANS MUSEUM

(Signature)

(Printed Name)

Date: _____



University of Wisconsin—Madison Archives Oral History Program

PERMISSION-FOR-USE FORM

University of Wisconsin-Madison Archives
UW—Madison Oral History Program
430 Steenbock Library
550 Babcock Drive
Madison, Wisconsin 53706

I, _____, hereby give and grant to the University of Wisconsin Archives the recordings of my interview, as well as any photographs, captured on _____. This agreement includes transferring all rights, title, and interest in the interview, including copyright, for the Archives to present for the scholarly and educational purposes of its audiences. Through my signature below I attest that I have voluntarily agreed to be interviewed & answered questions (or declined to answer them) without coercion.

Narrator **INITIAL** either (1) or (2):

- (1) _____ The material may be released immediately in any format, including print, sound, or electronic.
- (2) _____ The material is given on the express condition that it is to be sealed, and not released by the Director of the University Archives to anyone other than Oral History Program employees until January 1, _____, without my prior written approval and without the authorization of the Director of the University Archives.

Signature of narrator

Signature of interviewer

Address of Narrator

Print name of interviewer

Birth Year

UW—Madison Oral History Program
430 Steenbock Library
550 Babcock Drive
Madison, Wisconsin 53706

Date of Agreement

Revised and approved by John Dowling,
Admin Legal Services, 5/3/2012

Archives and Records Management Services

425 Steenbock Library University of Wisconsin-Madison 550 Babcock Drive Madison, Wisconsin 53706-1201
608/262-5629 Fax: 608/262-8899 Email: uwarchiv@library.wisc.edu <http://archives.library.wisc.edu>