



ORAL HISTORY INTERVIEW RELEASE FORM

Interviewee Name (please print): _____

Address: _____

Telephone number: _____ Email: _____

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By signing the form below, you as an interviewee and/or an interviewer irrevocably assign to _____, and any official assignees and designees thereof, any and all copyrights you control on any recordings, notes, transcripts and/or photographs made during this project.

Interviewee's Signature: _____

Date: _____

Specify any limited restrictions on access: _____

Term of Restrictions: _____

Interviewer Name (please print): _____

Interviewer's signature: _____

Date: _____

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