

Oral History Consent Form

Name of Project: _____

Purpose of project: _____

Informed consent and copyright permission for oral history interviews, images, and personal documents

Participant's name: _____

Mailing address: _____

Phone and/or email: _____

(please print)

I voluntarily agree to be interviewed for this oral history project. I understand that the following items may be created from my interview:

- an audio and/or video recording
- an edited transcript and summary
- a photograph of me
- copies of any personal documents or additional photos that I wish to share

I understand that my interview (and other items above) may be distributed to the public for educational purposes, including formats such as print, digital, and public programming. I understand that my interview (and other items above) will be archived in the Washington and Lee University Special Collections and Archives and parts or the whole of those items may be made publically accessible on the University's Digital Archive for educational and research purposes.

Also, I agree to freely share my interview (and other items above) under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. This means that I retain the copyright, but that the public may freely copy, modify, and share these items for noncommercial purposes under the same terms, if they include the original source information.

Any exceptions to this agreement [such as a request for anonymity] must be listed below:

Permission granted: _____

Participant's signature and date: _____

Interviewer's signature and date: _____