

Consent Form

Date: _____

I allow _____ the permission to record audio and video information for the purpose of preserving historical or genealogical information. I understand that the information that I have provided during my interview may be transcribed and used academically, locally, and personally by various organizations. I understand that the information I have provided may be quoted, cited, or published.

I acknowledge that I remain the owner of the information that I have provided during this interview.

I understand that at any time I may stop the interview process. I may request that information not be included in copies of the audio or video interviews. I retain the right to request that any information that I do not wish to be included in transcription or copies of the information be removed or destroyed. I may pause or stop the interview process at any time to request clarity for a question or I may answer a question without a formal recording of my answer.

Upon completion of the interview, the materials associated with it will belong to

_____.

I require that the following restrictions or regulations be placed upon this information:

_____.

I would like to request a copy of the audio, video, and transcribed information.

_____ Yes _____ No

I would like to request a copy of this audio, video, and transcribed information be given to someone else.

_____ Yes _____ No

If yes, please provide the contact information for the individual:

Signature of Interviewee Date

Signature of Interviewer Date

Printed Name

Printed Name