

ORAL HISTORY

EXAMPLE INTERVIEW RELEASE FORM

Project Name: _____

Date of Interview: _____

Location of Interview: _____

Name of Interviewer: _____

Name of Person(s) Interviewed: _____

The interview in which you are about to participate is part of a project seeking to collect and compile oral histories from practitioners in the field of Maternal and Child Health (MCH). The content of this interview will focus on your experience working in MCH. While this interview is part of a class assignment, the final products of the oral history conducted will be integrated with the overarching project and made available to the public through the Association of Teachers of Maternal and Child Health website.

By signing the form below, you give your permission for any tapes and/or transcripts made as a result of this interview to be used for educational purposes and made available to the public through the World Wide Web. You also grant ownership of the physical property and the right to use the property that is the produced as a result of your participation (for example, the interview, photographs, and/or written materials) to the investigating institution. By giving your permission, you do not give up any copyright or performance rights that you may hold.

I agree to the uses of these materials described above, except for any restrictions, noted below.

Name (please print): _____

Signature: _____

Date: _____

Interviewer's signature: _____

Date: _____

Restriction description: _____