

**Madison Library Oral History Project
Written Release Form**

Full Name of Person Interviewed

(print): _____

Address: _____

Phone: _____

Place of Interview: _____

Name of Interviewer (and Organization, if appropriate, i.e. "Madison Historical Society")

(print): _____

Date of Interview: _____

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution(s) named above. I give permission for the following (check all that apply):

_____ May be used for educational and research purposes at the above institution

_____ May include my name

_____ May be included in a school publication or exhibit

_____ May be included in another educational, nonprofit publication or exhibit

_____ May be used but DO NOT include my name

_____ May be deposited in a local, state or regional archive

_____ Other (explain)

Signature of Interviewee

Date

Signature of Parent or Guardian if Interviewee is a minor

Date