

UPPER IOWA UNIVERSITY
ORAL HISTORY INTERVIEW RELEASE FORM

Interviewee Name (please print): _____

Address: _____

Telephone number: _____ Email: _____

Date of birth: _____ Place of birth: _____

By signing the form below, you as an interviewee and/or an interviewer give your permission to be recorded on audiotape, videotape, film, photograph, written transcript, or any other medium, and for any recordings, transcripts and/or photographs made during this project to be donated to Upper Iowa University Archives. Pursuant to the Archives mission to make historical records available, these documents may be used whole or in part by researchers and the public for educational purposes including, but not limited to, publications in all formats and media, exhibitions, and presentations including on the Internet. Limited restrictions on access may be specified below.

By signing the form below, you as an interviewee and/or an interviewer irrevocably assign to The Upper Iowa University, and those acting pursuant to its authority, any and all copyrights you control in the tapes, transcripts and/or photographs made during this project.

Interviewee's Signature: _____

Date: _____

Specify any limited restrictions on access: _____

Interviewer Name (please print): _____

Interviewer's signature: _____

Date: _____