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.

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Interviewee’s Signature: _________________________________________

Date: __________________________________________________________

Specify any limited restrictions on access: ___________________________

Interviewer Name (please print): _________________________________

Interviewer’s signature: _________________________________________

Date: __________________________________________________________