

INTERVIEW RELEASE FORM

Project name: _____

Date: _____

Interviewer: _____

Tape number: _____

Name of person(s) interviewed: _____

Address: _____

Telephone number: _____

Date of birth: _____

By signing the form below, you give your permission for any tapes and/or photographs made during this project to be used by researchers and the public for educational purposes including publications, exhibitions, World Wide Web, and presentations. 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: _____

Researcher's signature: _____

Date: _____

Restriction description: _____

REQUIRED

Veteran's Release Form (See reverse for Interviewer's Release Form)

TO BE COMPLETED BY VETERAN OR CIVILIAN

(In cases of deceased veterans, to be completed by the donor of the material.)

I, _____, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

ACCEPTED AND AGREED

Signature _____ Date _____
month/day/year

Printed Name _____

Name of Interviewer (if applicable) _____

Relationship to Interviewer _____

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Written Release Form

Full Name of Person Interviewed

(print): _____

Address: _____

Phone: () _____

Place of
Interview: _____

Name of Interviewer & Institution
(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 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