Catching Stories
Informed Consent Form

The ________________________________ oral history project is sponsored by _________________________________. Its purpose is to collect interviews with people who have knowledge and experience of _________________________________. The recordings will be used for scholarly and educational purposes as determined by the project.

Your signature indicates that the purposes of the project and the use of the recordings have been explained to you and that you have agreed to be interviewed. You may discontinue participation in the interview at any time without penalty.

__________________________________________________________________   ___________________________
Signature                                                              Date

__________________________________________________________________
Name (please print clearly)

If interviewee is minor, signature of parent or guardian:

__________________________________________________________________   ___________________________
Signature                                                              Date

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