Catching Stories
Sample Release Form

The ____________________________ oral history project is a program of the ____________________________
project name organization name
__________________________. Recordings and transcripts resulting from interviews conducted for the project will be
deposited in the oral history collection of ____________________________, where they will be
organization name
made available for historical research and public dissemination. Participation in the project is entirely voluntary.

I, the undersigned, have read the above and voluntarily donate to the project full use of the information contained in
the recordings made on _____________, transcripts of the recordings, and other materials collected during the interview.

date

I hereby assign legal title and all literary property rights, including copyright, in these recordings and transcripts to
the project, which may copyright and publish said materials. The information may be used for scholarly or educational
purposes as determined by the project (except as noted below).

Restrictions on use: _________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Interviewee’s signature Date
Interviewer’s signature Date

Interviewee’s name (please print clearly)

Interviewer’s name (please print clearly)

Interviewee’s address:

Interviewer’s address:

Street

Street

City State Zip

City State Zip

If interviewee is minor, signature of parent or guardian:

Signature Date

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