



Historic Vienna, Inc. Oral History Covid Impressions Project Written Submission Release Form

Date of Submission: _____

Submitted by Full Name: _____
(Please print):

Description of your role (e.g., teacher, student, parent, front line worker, business owner, employee, retired, caregiver, clergy, etc.)

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I understand that the written submission and any gifted/donated photographs, tape recording, or video recording provided are part of Historic Vienna Inc. (HVI) scholarly research for the ongoing Oral History Project. I give permission for the following (check all that apply):

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1/2021

Signature of Submitter

Date

Signature of Parent or Guardian if Submitter Is a Minor

Date