



Historic Vienna, Inc. Oral History Project Interview Release Form

Interviewee Full Name: _____
(Please print):

Address: _____

Phone: _____

Type of recording: Video (a variety of techniques may be used) OR Audio only Photo supplied

I understand that the interview and any gifted/donated photographs, tape recording, or video recording taken on this day 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):

- I assign legal title and all literary property rights including copyright in these recordings and transcripts to the Oral History Project, which may copyright and publish said materials.
- May be used for educational and research purposes for HVI
- May be included in a school publication or exhibit
- May be included in another educational, nonprofit publication or exhibit
- May be deposited in local, state or regional archives
- May include my name – OR – May be used **but DO NOT include my name**
- Other (explain) _____

Signature of *Interviewee*

Date

Signature of Parent or Guardian if Date Interviewee Is a Minor

Place of Interview: _____

Subject/purpose of Interview: _____

Name of *Interviewer*: _____
(print)

Date of Interview: _____