

THE VALLEY WOMEN'S HISTORY COLLABORATIVE
ORAL HISTORY INTERVIEW CONSENT AND RELEASE FORM

My signature below confirms my agreement with The Valley Women's History Collaborative (VWHC) regarding the release of tapes and/or videotapes as well as transcripts of interview(s) with me.

I agree to have my interviews taped and/or videotaped and to have a written transcription of the interviews prepared. I have the right to edit the written transcript (and, if produced, videotape) for spelling and grammar, corrections to be returned to the VWHC within sixty days of receipt of transcript.

I understand that the VWHC will make copies of the transcript/tapes and/or videotapes for such research, production (e.g. radio, television, World Wide Web, print publication) and other educational goals as the Collaborative shall determine. The VWHC will provide me with one copy of the interview on audiocassette and a copy of the transcription, if one is made. Apart from specific restrictions listed below, I hereby grant and transfer to the VWHC all rights, title, and interest in the interview, including the literary rights and the copyright. I further understand that I can designate an archive in addition to the VWHC for copies of my tapes and transcripts. Finally, I permit the VWHC to list my name as an interviewee for publicity and fundraising/grantwriting purposes.

Name (Printed): _____

Address: _____

Phone Number: Home _____
Work _____

Email: _____

I wish to place the following restrictions on my transcript and/or videotape and name release:

Signature of Interviewee: _____ Date: _____

Signature of VWHC Representative: _____ Date: _____

Please return to:
The Valley Women's History Collaborative
P.O.Box 1105
Amherst, Massachusetts 01004