

# Participant Consent & Release Form

I prefer to be identified by my full name:

A pseudonym:

I grant unrestricted access to my interview and transcript

Please Initial

I request that my interview be restricted until the following date:

Month

Day

Year

I am requesting SJLOHP provide me with a copy of my interview transcript and recording.

### I grant permission to SJLOHP:

- To preserve the audio-video recording and written transcript of my interview;
- Use, quote from, or reproduce my interview in whole or in part;
- Share my interview for educational, scholarly, archival, or public history purposes, including but not limited to: publications, public presentations, exhibits, social media, library, and historical archives.

I understand that these materials may be used now or in the future. I understand my participation does not guarantee my interview, or portions of my interview, will be incorporated into the final product.

### By signing below, I certify:

- I am at least 18 years old.
- I have read the "Participant Information" sheet and consent to the provisions.
- I have had the opportunity to ask questions about the project, the Participant Information form, and this Consent and Release Form.
- My questions have been answered to my satisfaction.
- I voluntarily agree to participate in this oral history project.

Participant Name:

Email Address

Phone Number

Mobile

Landline



X

Interviewer Signature: *(Done at time of interview)*