



Charlotte County Archives

Oral History Interview Release

Interviewer: _____

Date: _____

Date(s) of Interview: _____

Project: _____

Method of Recording: _____

Person Interviewed: _____

Phone: _____

Email: _____

Address: _____

Date of Birth: _____

I, the interviewee, understand that the information I provide during this interview will be recorded and be used for the purposes of this project. I further understand that those purposes may include a presentation, exhibition, and/or publication of a transcript, voice recording, and/or video recording of the interview.

I agree to be interviewed in the manner described above. I understand that I am not required to answer any questions. I understand that if I want the information to be withheld from the project, I am required to inform the interviewer. I will still maintain copyright and performance rights to my information and presentation. I hereby grant the interviewer the copyright of publication and the right to the information shared at the interview.

I will provide any further restrictions (including a request for anonymity) in the notes directly below.

Notes/Restrictions:

Interviewer Signature

Date

Interviewee Signature

Date