

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 audio files and/or video files as well as transcripts of interview(s) with me.

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

I understand that the VWHC will make copies of the transcript, audio files, and/or video files 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 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 recordings and transcripts. Finally, I permit the VWHC to list my name as an interviewee for publicity and fundraising/grant-writing 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, VWHC@history.umass.edu