DR. NEAL’S AP U.S. HISTORY

 Lakewood Senior High School

ORAL HISTORY RELEASE FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(interviewer’s name), hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student(s)’ name) permission to use this interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of topic for interview) for the oral history assignment.

\_\_\_\_\_ I will allow the transcribed interview to be kept on file with Dr. Neal and to be used by other students in the future who wish to use this interview as a historical source document.

\_\_\_\_\_ The transcript of this interview is to be read ONLY by the student(s) listed above and Dr. Neal. It is not to be kept on file or shared with other people.

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(Signature) (Date)