

Interviewer Release Form

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

I, _____, am a participant / an employee [circle one] in the Oral History of Houston Project. I understand that these materials I gather will be deposited as part of the permanent collections of the Houston History Archives at the University of Houston M.D. Anderson Library.

I understand that the University of Houston, and the above co-depository plan to retain the product of my participation as part of permanent collections and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of activities in any medium.

I hereby grant the University of Houston, and the above co-depository ownership of the physical property and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. I also grant to the above co-depository my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in this interview to be used, published, and copied by the University of Houston, the co-depository, and their assignees in any medium.

I agree that the Library of Congress, the University of Houston, and the co-depository may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the University of Houston and the co-depository, and their assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED:

Signature _____ Date _____

Printed Name _____ Interviewee's name(s) _____

Address _____

City _____ State _____ ZIP _____ - _____

Phones (_____) - _____ ; (_____) - _____ ; E-mail _____

**CENTER FOR PUBLIC HISTORY
UNIVERSITY OF HOUSTON
RELEASE FORM**

By signing this release form, you grant ownership of the physical property of this interview to the Center for Public History at the University of Houston. You give them the right to use the property that is the product of your participation, including your interview, photographs of you or provided by you, and any submitted written materials. These products may be used, published, and copied by the University of Houston in any medium, including exhibition, publication, and presentation on the Internet and successor technologies. Permission to use your name, voice and image reproduction, and interview statements and documents do not require further approval on your part (unless specified on restrictions form).

In signing this release, you also release the co-depositaries and assignees from all claims in connection with the use of these products, including any claims for defamation, invasion of privacy, or right of publicity. In giving permission, you do **not** give up any copyright or performance rights. In other words, you also have the right to use or publish this material.

I HAVE READ THE RELEASE INFORMATION ABOVE AND ACCEPT AND AGREE TO ITS TERMS:

Name: _____

Signature: _____

Date: _____

CENTER FOR PUBLIC HISTORY
UNIVERSITY OF HOUSTON
RESTRICTIONS FORM

The Center for Public History at the University of Houston may classify the use of the tape and/or transcript as follows:

1. Only for research purposes_____.
2. Restrict for _____year(s).
3. To be used only with my written permission in each case_____.
4. Reproductions of the tapes or copies of the transcriptions are not allowed for publication use without written consent of _____.
5. Other (specify) _____.

Interviewee Signature

Interviewer Signature

Interviewee name (print)

Interviewer name (print)

Oral History Project
Interviewee Biographical Information Form

Interviewer Info:

Interviewer Name:

Length of Interview: _____

Second Interviewer:

Primary Topic: _____

Date of Interview: _____

Release Form Signed: Y / N

Number of Tapes: _____

Transcript Available: Y / N

Interviewee General Info:

Prefix: _____

Email: _____

Address:

Last Name: _____

City: _____ State: _____

First Name: _____

Zip: _____

Middle Name: _____

Home Phone: _____

Maiden Name: _____

Work Phone: _____

Organization Name:

Mobile Phone: _____

Fax Number: _____