ORAL HISTORY INTERVIEW AGREEMENT

The purpose of the project is to gather and preserve historical documentation by means of the audio and/or visual-recorded interview.

I, ____________________________, understand that the recording will become the property of the Special Collections Department of the Library of Georgia State University (a unit of the Board of Regents of the University System of Georgia) and that it will be made available for educational, scholarly and research use. I understand that such uses traditionally include term papers, theses, dissertations, articles, and books, and that additional uses may include exhibits, radio and television programs, films, and other forms of public display and dissemination. In addition, I understand that researchers may request and receive reproductions of the recording and/or transcript(s), and that as advanced electronic technologies continue to evolve the recording may be made available to researchers via computers, optical disc technology, and other electronic and remote access technologies. In all events, I understand that the Special Collections Department of the Georgia State University Library will care for the recording in a manner that will best provide for its preservation and at the same time make it most readily accessible to researchers.

Having received and understood the above information, I hereby give the recording and transcript of this interview, and the literary and copyrights inherent in the recording, to the Special Collections Department of the Library of Georgia State University so that the recording may be used for educational, scholarly and research purposes as outlined above without restriction (except as may be set out in any Addendum hereto). This agreement does not preclude any use which I myself may want to make of the recording.
Please initial:

___ My oral history may be made available in the reading room and online.

___ My oral history may be made available in the reading room only.

___ My oral history may be made available to onsite researchers and online, with my personal information redacted.

___ My oral history may be made available in the reading room only, and my personal information must be redacted.

__________________________________________  _______________________________________
Interviewer (signature)                           Interviewee (signature)

Date: ___________________                       Date: ___________________

__________________________________________  _______________________________________
Name of Interviewer                               Name of Interviewee

If interviewee is under 18 years of age:

__________________________________________
Parent (signature)

Date: ___________________

__________________________________________
Name of Parent

Accepted for Georgia State University______________________________