

**Consent and Release Agreement
For Use In Oral History Research**

**INTERVIEW OR PROJECT TITLE:**

 **RELEASE INFORMATION**

I voluntarily consent to provide information to Colorado State University and to allow the interview to be recorded through written notes, photography, tape recording, videotaping or other appropriate means.

I transfer to the Board of Governors of the Colorado State University System acting by and through Colorado State University (hereafter “CSU”) all legal title and property rights, including copyright, to the materials obtained during this interview.

I understand that the information that I provide will be in the public domain and may be used for a variety of purposes, including written reports, presentations, publications and/or interpretive materials.

I understand that my name may appear in the final products.

I also understand that the information in the interview may be made available to researchers and/or the general public for use in other projects.

This interview took place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date Location

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| INTERVIEWEE NAME: | INTERVIEWER NAME: |
| MAILING ADDRESS: | MAILING ADDRESS: |
| EMAIL ADDRESS:TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | EMAIL ADDRESS:TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ |

I would like to receive a copy of my interview and/or transcript

***\_\_\_\_\_ Placing my initials here adds this notification provision to this Consent and Release Agreement***.

I would like to receive a copy of the final report or other products (CDs, etc)

***\_\_\_\_\_ Placing my initials here adds this notification provision to this Consent and Release Agreement***.

**SIGNATURES**:

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interviewee’s Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interviewee’s Name (*Please Print*)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interviewer’s Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interviewer’s Name (*Please Print*)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date** |

**COLORADO STATE UNIVERSITY**

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**Dean of Libraries Signature Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean’s Name (*Please Print*)**