## **Interview Release Consent Form**

| You (the interviewee)  | have been asked for                                    |
|--|--|
| information by myself (the interviewer)scholar affiliated with the [university and dep   | partment name], to be used for preparing a             |
| history of or a publication about  |  |
| I may be reached by email at   | or by  |
| phone at   |  |
| You will be asked about anticipated length of the first interview is one participate in further interviews, which you r to answer any questions that you do not wish | nay accept or decline. You are not required to answer. |
| I will make a recording of your interview, wl publications, or for other related educational   |  |
| I,   | , have read the above, and I knowingly and             |
| voluntarily permitauthorize her/him to publish this information during the interview may eventually be dona  | . I understand that the recordings made                |
| (Interviewee Signature)  |  |
| (Date)   |  |