Oral History Project Release Form

(on school or program letterhead)

I, _____, hereby give and grant to St. Andrew's
(interviewee)
Episcopal School the absolute and unqualified right to the use of my oral history memoir conducted by _____ on _____. I understand that
(student interviewer) (date)
the purpose of this project is to collect audio- and video-taped oral histories of first-hand memories of a particular period or event in history as part of a classroom project (The American Century Project).

I understand that these interviews (tapes and transcripts) will be deposited in the Saint Andrew's Episcopal School library and archives for the use by future students, educators and researchers. Responsibility for reproduction, distribution, display, and the creation of derivative works will be at the discretion of the librarian, archivist and/or project coordinator. I also understand that the tapes and transcripts may be used in public presentations including, but not limited to, books, audio or video documentaries, slide-tape presentations, exhibits, articles, public performance, or presentation on the World Wide Web at the project's web site www.americancenturyproject.org or successor technologies.

In making this contract I understand that I am conveying to St. Andrew's Episcopal School library and archives all legal title and literary property rights which I have or may be deemed to have in my interview as well as my right, title and interest in any copyright related to this oral history interview which may be secured under the laws

now or later in force and effect in the United States of America. This gift, however, does not preclude any use that I myself want to make of the information in these transcripts and recordings.

I herein warrant that I have not assigned or in any manner encumbered or impaired any of the aforementioned rights in my oral memoir. The only conditions which I place on this unrestricted gift are:

1. _____

2. _____

3. _____

_____
Signature of Interviewee/Donor

_____
Type or Print Name

_____
Address
_____

_____

_____
Date