



Oral History Release Form

I grant permission to record my image and voice for this oral history interview. I agree that legal title and all literary property rights, including copyright, to the recordings and images taken of me belong to the library/institution named below.

I support the sharing of this oral history and/or a transcript of the interview on the internet and successor technologies, including but not limited to:

- The Library/Institution's website and social media/marketing channels
- The New York Heritage website and social media/marketing channels

The recordings may also be used for exhibition and publication.

Date of Interview: _____ Location of Interview: _____

Interviewee Name: _____

Address: _____

Email: _____ Phone: _____

Interviewee Signature: _____ Date Signed: _____

Library/Institution Name: _____

Address: _____

Interviewer Name: _____

Interviewer Relationship to Institution: _____

(staff, volunteer, etc.)

Interviewer Signature: _____ Date Signed: _____