

# Veteran's Release Form

(See reverse for Interviewer's Release Form)

TO BE COMPLETED BY VETERAN OR CIVILIAN  
 (In cases of deceased veterans, to be completed by the donor of the material.)

I, \_\_\_\_\_, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

**ACCEPTED AND AGREED**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Printed Name \_\_\_\_\_

Name of Interviewer (if applicable) \_\_\_\_\_

Relationship to Interviewer \_\_\_\_\_

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Written Release Form

Full Name of Person Interviewed

(print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Place of Interview: \_\_\_\_\_

Name of Interviewer & Institution (print): \_\_\_\_\_

Date of Interview: \_\_\_\_\_

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution named above. I give permission for the following (check all that apply):

- \_\_\_\_\_ May be used for educational and research purposes at the above institution
- \_\_\_\_\_ May include my name
- \_\_\_\_\_ May be included in a school publication or exhibit
- \_\_\_\_\_ May be included in another educational, nonprofit publication or exhibit
- \_\_\_\_\_ May be used but DO NOT include my name
- \_\_\_\_\_ May be deposited in a local, state or regional archive
- \_\_\_\_\_ Other (explain)

|                          |      |
|--------------------------|------|
| Signature of Interviewee | Date |
|--------------------------|------|

|   |      |
|---|------|
| Signature of Parent or Guardian if Interviewee Is a Minor | Date |
|---|------|

# INTERVIEW RELEASE FORM

Project name: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Tape number: \_\_\_\_\_

Name of person(s) interviewed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

By signing the form below, you give your permission for any tapes and/or photographs made during this project to be used by researchers and the public for educational purposes including publications, exhibitions, World Wide Web, and presentations.

By giving your permission, you do not give up any copyright or performance rights that you may hold.

I agree to the uses of these materials described above, except for any restrictions, noted below.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Restriction description: \_\_\_\_\_