

WHITEHEAD MEMORIAL MUSEUM



WHITEHEADMUSEUM.ORG

# Oral History Interview Release Form

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

Name of Interviewer: \_\_\_\_\_

Name of Person Interviewed: \_\_\_\_\_

The interview in which you are about to participate is part of a project seeking to collect and compile oral histories from citizens of Del Rio and Val Verde County Texas. The final products of the oral history conducted will be made available to the public through the Whitehead Memorial Museum. By signing the form below, you give your permission for any recordings and/or transcripts made as a result of this interview to be used for educational purposes and made available to the public through the Whitehead Memorial Museum. You also grant ownership of the physical property and the right to use the property that is the produced as a result of your participation (for example, the interview, photographs, and/or written materials) to the Whitehead Memorial Museum including copyright.

I agree to the uses of these materials described above.

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

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

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

Interviewer's Signature: \_\_\_\_\_

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