

Written Release Form

Person Interviewed (print) _____

Address _____

Phone () _____ Email _____

Place of Interview _____ Interview Date _____

Interviewer (print) _____

Interviewer's School _____

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

_____ May be included in an educational publication, film, exhibit, or web site

_____ May include my name

_____ May be used but DO NOT include my name

Signature of Interviewee

Date

Signature of Parent or Guardian if
Interviewee is a Minor

Date

Oral Release Form

An alternative is to record this statement at the beginning of an interview.

This is _____ (Interviewer) of _____ (School)
on _____ (Date). I am interviewing, photographing, tape and/or video
recording _____ (Interviewee).

Do you understand that portions of this interview may be quoted or used in a publication, film, exhibit, or web site for nonprofit educational purposes? (Interviewee responds)