



Special Collections & Archives
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Interview Release Form

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ACCEPTED and AGREED

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Interviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Interviewer \_\_\_\_\_

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Participant Telephone (\_\_\_\_) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_