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Oral History Release Form

In consideration of the recording and preservation of this oral history by the Shiloh Museum of Ozark History, **I the narrator**, _____, and **I the interviewer**, _____, hereby transfer to the Museum the rights, including all literary, copyright, and property rights unless restricted as noted below, to publish, duplicate, or otherwise use the recording(s) and transcribed interview(s) recorded on _____, and any photographs and/or videotaped footage taken during the interview. This includes publication rights in print and electronic form such as on the Internet, the right to rebroadcast the interview or portions thereof, and permission to transfer the interview to future media.

Likewise, **I the director** of the Shiloh Museum hereby agree to preserve the products of this oral history interview according to accepted professional standards and agree to provide the narrator and interviewer with access to the taped interview(s).

Note any restrictions:

Dated _____ **Signature of Narrator** _____

Narrator's name as s/he wishes it to be used _____

Narrator's address _____
(street or P.O. box) (city) (state) (zip code)

Narrator's phone number (____) _____ Narrator's email address _____

Dated _____ **Signature of Interviewer** _____

Interviewer's address _____
(street or P.O. box) (city) (state) (zip code)

Interviewer's phone number (____) _____ Interviewer's email address _____

Dated _____ **Signature of Director** _____

Director, Shiloh Museum of Ozark History