



REQUIRED FORM

Release Form



- Checkout Location: Johnson County Library, Kansas City, Kansas Public Library, Kansas City Public Library, Mid-Continent Public Library

Date of Interview: _____

- Who are you? Interviewer, Interviewee, Other person on recording

Name _____

Address _____ City/State/ZIP _____

Phone _____ Email _____

I understand that my oral history interview is a service of the Generation Exchange and no charge is being levied for this service. I hereby give and forever grant Generation Exchange the following rights and permissions:

To publish my oral history interview and allow public access to the same [] Yes [] No

To archive my oral history interview at the Generation Exchange website [] Yes [] No

To use any photographs or video images taken of me during the interview in Generation Exchange promotional and education materials and/or on the Generation Exchange website [] Yes [] No

I warrant that I am at least 18 years of age (or am the legal guardian thereof) and have every right to grant the permissions outlined above. Further, I state that I have read this document before signing and understand its provisions.

Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____