



REQUIRED FORM

Release Form



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

Date of Interview: _____

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

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 _____