



INTERVIEW RELEASE FORM

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I, the undersigned, have read the above and voluntarily donate to the Louisburg Historical Society full use of the information contained in the recordings made on _____, transcripts of the recordings, and other materials collected during the interview.

I hereby assign legal title and all literary property rights, including copyright, in these recordings and transcripts to the Society, which may copyright and publish said materials. The information may be used for scholarly or educational purposes as determined by the Society (except as noted below).

Restrictions on use:

Interviewee's signature Date

Interviewer's signature Date

Interviewee's name (please print clearly)

Interviewer's name (please print clearly)

Interviewee's address:

Interviewer's address:

Street

Street

City State / Zip

City State / Zip

If interview is minor, signature of parent or guardian:

Signature

Date