**Veteran Feminists of America Oral History Project**

Informed consent and copyright permission

for oral history interviews, images and personal documents

*Please print*

Participant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/state/zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phones\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I voluntarily agree to be interviewed for this historical study of the experiences of Second Wave women’s movement activists. I understand that the following items may be created from my interview:

* An audio and/or video recording
* An edited transcript and summary
* A photograph of me
* Copies of any personal documents or additional photos that I wish to share

I understand that my interview (and other items above) may be distributed to the public for educational purposes, including formats such as print, public programming and the Internet.

Also, I agree to freely share my interview (and other items above) under the terms of a Creative Commons ByAttribution-NonCommercial-NoDerivatives license. This means that I retain the copyright, but that the public may freely copy, modify and share these items for non-commercial purposes under the same terms, if they include the original source information. However, the public may not download their own copy of any video or audio recordings.

In return, the interviewer promises to send one free copy of the interview recording, transcript and any related items to my address above.

Any exceptions to this agreement (such as a request for anonymity) must be listed below.

Permission granted:

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Participant’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer phone Interviewer email

Sign TWO copies: one for participant, one for VFA

Comments/notes:

Contact: pioneerhistories@veteranfeministsofamerica.org