

**Skyline College Library Oral History Project
ORAL HISTORY RELEASE FORM**

AGREEMENT

In consideration of the recording and preservation of my oral history narrative by the Skyline College Library Oral History Project, I the **interviewee** (person being interviewed),

(print interviewee's name here: _____),
hereby grant to the Coordinator of the Skyline College Library Oral History Project the rights to publish, duplicate, or otherwise use for non-profit purposes the recorded interview(s) recorded by the **interviewer** (person conducting the interview),

(print interviewer's name here: _____), on the **date** of _____, _____. This includes the rights of publication in electronic form, such as placement on the internet for access by that medium.

Likewise, I the above-mentioned **Coordinator** hereby agree to preserve the products of this oral history interview according to accepted professional standards of responsible custody and agree to provide the interviewee and interviewer (the oral authors) with access to the digitized interview(s).


Dated: _____

Signature of Interviewee: _____

Interviewee's name as he/she wishes it to be used: _____

Interviewee's
address: _____
(street or p.o. box)

(city) (state) (zip code)

Signature of Coordinator:  _____

Eric Brenner

Skyline College Library
3300 College Drive
San Bruno, CA. 94066
650-738-4311