



## Written Release Form

Full Name of Person Interviewed (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Place of Interview (include Parish): \_\_\_\_\_

Name of Interviewer (print): \_\_\_\_\_

Interviewer's School: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by students at the school named above. I give permission for the following (check all that apply):

\_\_\_\_\_ May be used for educational purposes and research at the above school

\_\_\_\_\_ May include my name

\_\_\_\_\_ May be included in a school publication or exhibit

\_\_\_\_\_ May be included in another educational, nonprofit publication or exhibit

\_\_\_\_\_ May be used but DO NOT include my name

\_\_\_\_\_ May be deposited in a school, parish, or state archive

\_\_\_\_\_ Other (explain)

\_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if  
Interviewee Is a Minor

\_\_\_\_\_  
Date