



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, audio 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