

Southern Chapter MLA Oral History Project

Consent Form for Oral History Interview

This confirms my understanding and agreement with the Southern Chapter of the Medical Library Association (SC/MLA) concerning my participation in an oral history interview as part of the SC/MLA Oral History Program.

1. I agree to be interviewed by _____ on _____. I understand that my interview will be recorded and that a transcript and edited version of my interview will later be created. I understand that I will be given an opportunity to review and edit the edited transcript before its release on the SC/MLA web site (<http://scmla.org/home/oralhistory>) and other Chapter approved venues.
2. I hereby grant and assign all rights, title, and interest to any and all recordings and transcripts of my interview including copyright [and all rights subsumed thereunder] to SC/MLA. I will be given a copy of the edited transcript for my personal use. I understand that the transfer of these rights to SC/MLA confers no obligations on SC/MLA to promote, market, or otherwise make publicly available copies of the interview.
3. One or more edited and/or condensed versions of the interview, approved by me, may be disseminated by SC/MLA as it deems appropriate.
4. I understand that the original and edited recordings of my interview and the transcript(s), including digitized versions of those recordings, will be maintained in the SC/MLA archives, or at such other place as SC/MLA may reasonably designate, and may be available to researchers who have demonstrated that they have appropriate qualifications. I further understand that the original unedited recording and/or the original/unedited transcript will be made available with the following restrictions (Check one):

_____ No restrictions

_____ The following specified portions of the interview will not be made available to anyone until _____.

Name of Interviewee

Name of SC/MLA Interviewer(s)

Signature

Signature

Date _____

Date _____