

**Center for Folklore Studies
Ohio State University
Archival Release/Informant Consent Form**

Instructor's Name: _____

Collector's Name: _____

Course Number: _____ Course Name: _____

Quarter/Year: _____ Rank: Undergrad Graduate Professional

Informant Information

Name (Last Name, First Name): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Consent Statement - Choose ***either*** a Full Consent or a Partial Consent. The Partial Consent offers options for you to check. **Do not sign both.**

I understand that at any time I may withdraw my interview from the Center for Folklore Studies at Ohio State University.

Full Consent: I consent to have the following material released to the Center for Folklore Archives at Ohio State University. I understand that the materials may be subject to public use and publication in current or in any successor technologies. In the event of publication, I agree that my name and the names of people I mention may be used.

Informant: _____ Date: _____
(signature)

Partial Consent: I consent to have the following material released to the Center for Folklore Studies Archives at Ohio State University. I understand that the materials may be subject to public use and publication in current or in any successor technologies. In the event of publication or public use:

- My name and any identifiers about me must be withheld or protected by the use of a pseudonym.
- With the exception of public figures, the name or names and any identifiers of people I mention in my interview must be withheld or protected by the use of pseudonym(s).

Informant: _____ Date _____
(signature)

**Any projects lacking release signatures will be returned to the student
and will not be accessioned into the Center for Folklore Studies Archives.**

Office Use Only: Accession # _____