

**Folklore Archives**

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**Interview Release Form**

Folklore Archives, Center for Folklore Studies

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**INTERVIEWEE**) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**INTERVIEWER**), hereby give to the Folklore Archives of the Center for Folklore Studies at the Ohio State University, research, publication, and educational uses of the following interview, recorded on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**DATE**), as a gift, and transfer to the Folklore Archives legal title and all literary property rights including copyright. This recording will be open for unrestricted use (unless otherwise indicated below) by researchers (subject to the rules and regulations of the Folklore Archives and the Ohio State University) and may be quoted from, published, or broadcast in part or in full, in any and all media whether now known or hereafter devised. This gift does not preclude any use that we ourselves may wish to make of the information in the recording, and/or subsequent transcripts or images of such.

**Interviewee Consent and Contact Information**

Date:

Mailing Address:

Email Address:

Phone Number:

Signature of Interviewee:

**Interviewer Consent and Contact Information**

Date:

Mailing Address:

Email Address:

Phone Number:

Signature of Interviewer:

**Course Information**

Students donating interviews to the Folklore Archives should fill out the course information requested below.

Instructor’s Name:

Student’s Name:

Course Number and Title: (ex: *English 2270: Introduction to Folklore*):

Semester and Year (ex: *Autumn 2021*):

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| **Interviewee Access Restrictions** Only fill out this section if you (the interviewee) are placing access restrictions on this interview. As stated above, I am transferring legal title and all literary property rights to this recorded interview, including copyright, to the Ohio State University. However, I wish to place the following temporary or permanent restrictions on public access to this interview (including the recorded audio/video and subsequent transcripts and logs of the interview). Place an “X” next to your selection to indicate your preference.\_\_\_\_\_ I wish to require written permission for usage of this interview during my lifetime. For those placing lifetime restrictions, please provide your birthdate \_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy).\_\_\_\_\_ I wish to restrict access to this interview until a specific date \_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy).\_\_\_\_\_ I wish to have my name replaced with a pseudonym in the event of publication. |

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