

UNIFIED COMMITTEE FOR AFRO-AMERICAN CONTRIBUTIONS  
ORAL HISTORY PROJECT

Release Form

I agree to be interviewed and photographed, video or tape-recorded for the nonprofit Unified Committee for Afro-American Contribution Oral History Project. I understand that the tape will be used only for research educational and promotional purposes related to the Unified Committee for Afro-American Contributions and for possible incorporation in a forthcoming book and/or exhibit.

I understand that the resulting video tape(s), audio tape(s), photographs and transcripts will become the property of the Unified Committee for Afro-American Contributions and will be made available to the community for educational and research purposes.

Copies may be placed at the Lexington Park Public Library and other appropriate libraries and repositories in the area.

Signed \_\_\_\_\_  
Interviewee

I agree to the terms outlined above as they may pertain to my part in the interview process.

Signed \_\_\_\_\_  
Interviewer

Date \_\_\_\_\_

PLEASE PRINT

**Interviewee**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Interviewer**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_