Park Tudor Legacy Initiative – Oral History Informed Consent

1.	I,, hereby agree to participate in an interview in connection with the oral history partnership project with Park Tudor School and Library of Congress Veteran History Project. I understand I will be asked about:	the
2.	The interview will be audio-taped (typically 90 minutes). In the interview I may identified by name, subject to my consent. I may also be identified by name in a transcript (whether verbatim or edited) of such interview, subject to my consent.	be
3.	I understand that the actual taped interview will take approximately nineminutes.	ety
4.	Upon completion of the interview, the tape and content of the interview a belongs to the Legacy Initiative for use in oral history projects and/or Legacy publications.	lso
5.	I understand I have the right to review the transcript and make any corrections the relate to interpretation of the audio-tape.	at
6.	Any restrictions as to use of portions of the interview indicated by me will be edited of the final copy.	ut
7.	I understand that at the conclusion of this project, and after reviewing the transcript, to original copy of the tape and the transcript will be kept by the Legacy Initiative as copies of these materials will be sent to the Library of Congress (or other appropriate repository). Supplemental photographs will also be sent to the Library of Congress	he nd
8.	If I have any questions about the research project or the Library of Congreveran History Project, I know that I can contact Kathryn Lerch at Park Tud School, (317) 415-2700 x3102 or via email: klerch@parktudor.org I have kept a cop of this form for my records.	or
Signati	ture: Printed Name:	
	ent date:	
Addres	ss:Street Phone: ()	
	City, State Email:	
040	Zip Code	