

**ORAL HISTORY RECORDING AGREEMENT FORM**

**NAME OF PROJECT:**.....

FULL NAME OF PERSON INTERVIEWED: .....
DATE OF INTERVIEW: .....
COMMISSIONING ORGANISATION/PERSON: .....
INTERVIEWER: .....
COPYRIGHT HOLDER: .....

**1. PLACEMENT:** I, the person interviewed, agree that the recording of my interview and accompanying material, prepared for archival purposes, will be held at .....

.....

**2. ACCESS:** I agree that the recording of my interview and accompanying material may be made available for research, at the above location or at a location approved by the commissioning organisation/person, **subject to any restrictions in Section 4.**

**3. PUBLICATION:** I agree that the recording of my interview and accompanying material, may be quoted or shown in full or in part in published work, broadcast, or used in public performances, **subject to any restrictions in Section 4.**

<b>4. RESTRICTED TAPES AND ACCOMPANYING MATERIAL:</b>	
I require that there be <b>no access to</b>	<input type="checkbox"/> (cross where
I require that there be <b>no publication of</b>	<input type="checkbox"/> appropriate)
this recording and accompanying material <b>without my prior written permission.</b>	
NOTES: .....	REVIEW/RELEASE DATE:.....
.....	.....

**5. PRIVACY ACT:** I understand that this Agreement Form does not affect my rights and responsibilities under the Privacy Act 1993.

**6. COMMENTS:** .....

.....

**PERSON INTERVIEWED:** ..... Date: .....  
(sign here)

**INTERVIEWER:** ..... Date: .....  
(sign here)

**FOR COMMISSIONING ORGANISATION/PERSON:** ..... Date: .....  
(sign here)

<b>NOTE:</b> This Agreement Form may be amended only by the person interviewed, or by the commissioning organisation/person with the authority of the person interviewed. Any amendment must be registered with the commissioning organisation/person.
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This Agreement Form is approved by the National Oral History Association of New Zealand.