

Oral History Recording Agreement Form

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

- 1. **PLACEMENT** I, the person interviewed, agree that a recording of my interview and accompanying material will be held at
- 2. **ACCESS** I understand that the recording of my interview and accompanying material may be made available to researchers at the above location, **subject to any restrictions in paragraph 4 below.**
- 3. **PUBLICATION** I agree that the recording of my interview and accompanying material may be quoted in published works in full or in part and that the recording may be broadcast or used in public performances in full or in part (including electronic publication on the internet), with the written consent of the copyright holder, **subject to any restrictions in paragraph 4 below.**

4.	I require that there will be NO access to <input type="checkbox"/> (tick appropriate box)
	I require that there be NO publication of <input type="checkbox"/>
	I require that there be NO electronic publication on the internet of <input type="checkbox"/>
the following sections of my interview and accompanying material before the review / release date indicated WITHOUT MY PRIOR WRITTEN PERMISSION.	
SIDE NUMBERS: _____ 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

Interviewer

Date

Date

NOTE: The terms of this agreement form may be revised or amended only by the person recorded or by the commissioning organisation or person with the authority of the person interviewed. Any amendment must be registered with the commissioning organisation or person.
