

Written Release Form

Person Interviewed _____

Address _____

Phone () _____ Email _____

Place of Interview _____ Date _____

Name of Interviewer _____

Interviewer's School _____

I understand that this interview and any photographs, audio recording, or video recording are part of an education project at the school above. I give permission for the following (check all that apply):

_____ May be included in an educational nonprofit publication, web site, or exhibit

_____ May include my name and image

Signature of Interviewee

Date

Signature of Parent or Guardian if
Interviewee is a Minor

Date

Oral Release Form

An alternative is to record this statement at the beginning of an interview.

This is _____ (Interviewer) of _____ (School) in _____ (Town and State) on _____ Date). I am interviewing, photographing, audio recording, video recording (circle documentation methods) _____ (Interviewee). Do you understand that portions of this interview may be quoted or used in a nonprofit publication, web site, or exhibit for educational purposes? (Interviewee responds yes or no)