INTERVIEWER RELEASE FORM

I, ____________________________, hereby give and convey to the T. Harry Williams Center for Oral History and Louisiana State University all right, title, and interest in the tapes and transcripts that result from the interviews conducted by me as listed below, subject only to attached restrictions. I understand that these interviews will be protected by copyright held by LSU and will be deposited in the LSU Libraries for the use of future scholars and also may be used in public programing including but not limited to slide-tape shows, radio and video documentaries, Internet publications, and exhibits. This gift does not preclude any use that I myself may want to make of the information in these recordings.

Signature of Interviewer

Date

__________________________  ____________________________

Signature of Interviewer  Date

Address

City

State

__________________________

Telephone Number

Email Address

__________________________

Director, T. Harry Williams Center