



ORAL HISTORY CONSENT FORM

DATE:

PROJECT:

INTERVIEWER:

If you accept to be interviewed, I, _____
promise to respect the sensitivity of your experience and the terms of this consent form.

Date: _____

Signature: _____

INTERVIEWEE:

I, _____ (name)
consent to be interviewed by

_____ (name of interviewer) in
the context of this documentation project. It is understood that I am free to withdraw
from the interview at any moment or to not respond to certain questions.

I agree to have a copy of this interview donated to archives and/or other institutions
for the use of other researchers. It is understood that access to this recording is open to
other researchers. _____.

I grant permission for the Centre for Oral History Research at Noolaham Foundation
to use all or part of this interview in the form of a transcript or in digital form on its
website or in its publications or to authorize such publication without seeking further
consent. _____.

Date: _____

Donor: _____

Signature: _____

Address: _____

