

# ORAL HISTORY PROGRAM

## RELEASE FORM

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Date of Interview: \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

Interviewee's Name (printed): \_\_\_\_\_

Interviewee's Name (written): \_\_\_\_\_

Interviewee's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewer's Name (printed): \_\_\_\_\_

Interviewer's Name (written): \_\_\_\_\_

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