

FANHS MUSEUM

Filipino American National Historical Society MUSEUM

337 East Weber Ave. @The Newberry Building

Mail: P.O. Box 4616, Stockton CA 95204

Phone: (209) 932-9037 message

E-Mail: StocktonFANHS@aol.com

I, _____ (PRINT FULL NAME OF INTERVIEWEE), do hereby give Dr. James Sobredo and the Filipino American National Historical Society MUSEUM, all rights, title or interest in the tape recorded interviews

conducted by _____ (Print Name of Interviewer)

on _____ (Date(s) of Interview).

I also give the Dr. James Sobredo and the Filipino American National Historical Society MUSEUM permission to reproduce, retransmit, reprint, and exhibit in any medium (print, documentaries, internet, or digital) the **contents of the interview** and the **photographs** that accompany the oral history project.

I understand that this oral history research is for the purpose of historical documentation that involves *minimal risk*. However, if at any time during the interview I experience discomfort because of the questions asked, I have the option of stopping the interview. I can then skip the question and go on to the next question, **OR** I can stop the interview project entirely.

It is customary in oral history interviews that an interviewee's identity is not kept anonymous. I understand that the tape will be transcribed and the transcripts may be used in publications and public presentations including but not limited to audio and visual documentaries, exhibits or articles.

I understand that these interview transcripts and photographs will be protected by copyright and deposited in the Filipino American National Historical Society MUSEUM for the use of future scholars and made accessible to the general public.

These gifts of the tape-recorded interviews, transcript, and photographs do not preclude any use that I myself want to make of the information in these recordings and photographs.

My participation in this oral history project is with my full consent and is completely voluntary.

My signature below indicates that I have read this Consent and Release form and agree to participate in this research.

Signature of Interviewee

Date

Address (City & State)

Telephone