



RELEASE FORM / DEED OF GIFT

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We, the undersigned, have read the above. The Facilitator affirms that he/she has explained the nature and purpose of this oral history research. The Storyteller affirms that he/she has consented to the interview. The Storyteller and Facilitator hereby give, grant, and assign all rights, title, and interest including copyright, of whatever kind from this information and interview to the DOVE Organization. We also give permission to Old Dominion University Libraries to preserve these recordings and transcripts in alternative digital formats and make them available to researchers within the ODU Libraries as well as through the Internet or other networks.

Date of Interview: _____

Storyteller:

(Print Name)

(Signature)

Address:

Date: _____

Facilitator:

(Print Name)

(Title/relationship to Storyteller if applicable)

(Signature)

Address:

Date: _____

Special Restrictions: Please use back of this form.