

The State Historical Society of Missouri

1020 Lowry Street, University of Missouri-Columbia
Columbia, MO 65201 (573) 882-7083

Oral History/Sound Recording Consent Form and Gift Agreement

I, _____ [interviewee], do hereby consent to the recording and preservation of all interviews recorded by _____ [interviewer] on the date(s) of _____.

In addition, above said interviewee and interviewer do hereby give to the Trustees of the State Historical Society of Missouri, for whatever scholarly or educational purposes may be determined, all contents of interviews recorded on the above mentioned date(s), along with such intellectual property rights and copyrights that any of them may possess in this or these recordings.

It is understood that the said recording(s) and transcript are to be kept as part of the Society's Manuscript Collection for as long as the Collection believes said material to be of scholarly or historical value.

Signed: _____
Interviewee _____ date _____

Signed: _____
Interviewer _____ date _____

Signed: _____
Executive Director _____ date _____

Conditions: