Sample Oral History Consent Form
(Carefully edit for your individual project. Italics indicate portions that require editing, but there may be other statements that do not apply, or need to be edited.)

[Name of project and/or organizations involved in this project]
Informed Consent Form

1. You are being asked to participate in an interview in connection with the __________ Oral History Project. You are being asked to participate because [give reason or how selection was made. E.g. you have lived in the area for more than 50 years]. You will be asked about [list main topics, or give sample questions, or otherwise indicate what types of issues may be covered].

2. The interview will be audiotaped [or videotaped], transcribed, and made available for public and scholarly use at [e.g. the Ellensburg Public Library and the Central Washington University Library. If all recordings and transcripts will remain with the researcher rather than an organization, give the individual’s name.]. Any member of the general public will have access to this interview and your words may be quoted in scholarly and popular publications.

3. The interview will take approximately [how long]. There are no anticipated risks to participation in this interview. However, you can withdraw from the interview at any time without prejudice prior to the execution and delivery of a deed of gift (see the attached form). You will also have the opportunity to make special provisions or restrictions in the deed of gift. During the interview you may request to stop the recording at any time to discuss or clarify how you wish to respond to a question or topic before proceeding.
   
   In the event that you choose to withdraw during the interview, any tape made of the interview will be either given to you or destroyed, and no transcript will be made of the interview. [If the project includes getting photographs, add: With your permission, a photograph of you will be taken or borrowed for duplication. If you withdraw from the project, all copies of the photograph will be given to you. Any negative or digital image will be destroyed.]

4. Subject to the provisions of paragraph five below, upon completion of the interview, the tape and content of the interview belong to [e.g. the Ellensburg Public Library or individual], and the information in the interview can be used by [e.g. the Ellensburg Public Library or individual] in any manner it will determine, including, but not limited to, future use by researchers in presentations and publications.

5. The [organization or individual] agrees that:
   A. It will not use or exercise any of its rights to the information in the interview prior to the signing of the deed of gift.
   B. The deed of gift will be submitted to you for your signature before the interview or, if you choose, after the interview [or, after you review the tape and transcript].
   C. Restrictions on the use of the interview can be placed in the deed of gift by you and will be accepted as amending the [organization’s or individual’s] rights to the content of the interview.
   D. [Any other specific restrictions such as use of pseudonym; handling of personally identifiable information that might be a threat to one’s employability, financial standing, reputation, criminal or civil liability; etc.]
6. Any restrictions as to use of portions of the interview indicated by you will be handled by editing those portions out of the final copy of the transcript. [Also state whether the original tape will be edited, or only copies will be edited. Please note: In some projects the researcher may be unwilling to edit the original tape. If this is the case, it should be clearly stated here.]

7. [Describe where the originals and copies will be housed, such as: Upon signing the deed of gift, the tape, photograph, and one copy of the transcript will be kept in the Ellensburg Public Library and a copy of the transcript will be kept at the Central Washington University Library. Or if researcher will keep them, provide name and contact information, such as: Upon signing the deed of gift, the tape, photograph, and one copy of the transcript will be kept in the possession of John Doe, address, phone or email.]

8. If you have questions about the research project or procedures, you can contact [list investigator’s name or faculty sponsor] at the Department of History, Central Washington University, Ellensburg, WA 98926-7553, phone number: 509-963-XXXX, or email: .

If you have questions about your rights as a participant in research, you can contact the Human Protections Administrator, Central Washington University, Ellensburg WA 98926-7401, phone number 509-963-3115, website www.cwu.edu/~hsre/.

Interviewer signature ____________________________________________

I agree to participate in this interview.

Interviewee Printed Name ________________________________

Interviewee signature ______________________________________________

Address _________________________________________________________

Phone number _________________________________

Date ___/___/_____