

ACCESS AGREEMENT FOR ORAL HISTORY MATERIALS

FROM	TO: <div style="text-align: center;"> Army Heritage Center Foundation P.O. Box 839 Carlisle, PA 17013 </div>
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1. I, _____ participated in an oral history conducted by

_____ of the

Name of interviewer

Name of school/organization

on the following date(s): _____.

2. I understand that the recording(s) and the transcript resulting from this oral history will belong to the Army Heritage Center Foundation to be used in any manner deemed in the best interests of the Foundation, as determined by Executive Director, Education Director or their representative(s). I also understand that I will be given an opportunity to edit the resulting transcript in order to clarify and expand my original thoughts. The Foundation will provide me with a copy of the edited transcript for my own use.
3. I hereby expressly and voluntarily relinquish all rights and interests in the tape(s) and transcript to the Army Heritage Center Foundation with only the following caveat: *(Please initial one)*

_____ NONE

_____ OTHER

I understand that the recording(s) and transcripts resulting from this oral history may be submitted to archival collections and may be subject to the Freedom of Information Act, and therefore, may be releasable to the public contrary to my wishes. I further understand that, within the limits of the law, the Army Heritage Center Foundation will attempt to honor the restrictions I have requested to be placed on these materials.

Name and signature of Interviewee:	Date:
Name and signature of Interviewer (or parent or legal guardian):	Date:
Accepted on behalf of the Army Heritage Center Foundation by:	Date: