



Documentary and Oral History Studio
Department of History

**Loyola University Documentary and Oral History Studio
STANDARD INTERVIEWEE RELEASE FORM FOR UNRESTRICTED RECORDINGS
For student, faculty, and collaborative research projects**

This document governs all digital recordings and transcripts related to this interview

I, _____, do hereby give the Loyola University all right, title, or
Name of interviewee

interest in the recordings of said interviews conducted by _____
Name of interviewer(s)

On: _____ Interview Topic: _____ Service Industry Work _____
Date(s)

As of January 19, 2019, Oral History has explicitly been made exempt from the Common Rule of IRB Review under the Department of Health and Human Services. This release form, however, adheres to the best practices of the Oral History Association in the spirit of respecting the rights of DOHS interview subjects and was developed under the previous scheme to adhere to the DOHS blanket IRB protocol:

Description of Research and Procedures: In agreeing to participate, I acknowledge that I will be interviewed about my knowledge of **the history, culture, and wider social conditions related to the interview topic**. The interview questions will be dependent upon my area of knowledge and will include follow-up questions intended to facilitate the telling of my memories, impressions, and reflections upon the importance of the story I tell.

Research Data and Records: I understand that these interviews will be protected by copyright and may be deposited in an archival repository for the use of future scholars. I also understand that the recordings and transcripts may be used in publications and public presentations including but not limited to audio or video documentaries, online presentations or publications, exhibits. This gift does not preclude any use that I myself may want to make of the information in these recordings.

Benefits and Risks: My stories benefit society by becoming part of a broader historical record and archive that deepens the collective knowledge of the research subject. As oral history interviews lose their historical value when recorded anonymously, I understand that the Loyola University Documentary and Oral History Studio will not collect any recording or transcript by requiring anonymity as a condition of its use. For this reason, the Principal Investigator(s) caution me against any inflammatory or libelous statements that I may consider potentially harmful.

Signature of Interviewee (or legal guardian if under 18)

Date

Address

Telephone / email contact information.

Date of Birth (optional)*

* Date of birth to be used for cataloguing purposes only