



## MAPS Air Museum Oral History Release Form

**Day/Date of Interview:** \_\_\_\_\_

**Speaker/ Interviewee:** \_\_\_\_\_

**Recorder/ Interviewer:** \_\_\_\_\_

**Location of Interview:** \_\_\_\_\_

**Circumstances of Interview :** \_\_\_\_\_

**Event, museum visit, in-home visit, etc.**

I understand that this interview and any photographs, manuscripts, diaries, tape or video recording(s) are part of scholarly research by the individual and the institution named above. My signature indicates that **MAPS (Military Aviation Preservation Society) Air Museum** has my permission to make copies of the audio/video recording(s), photographs, manuscripts, diaries, and transcripts according to the provisions and restrictions below:

**Permission to use interview: (please initial)**

- \_\_\_\_\_ - for release to the Library of Congress for the Veterans History Program  
(note: if individual does not currently meet Library of Congress's requirements, ok to release after discharge or death.)
- \_\_\_\_\_ - for educational use (in seminars, workshops, conferences, or teaching)
- \_\_\_\_\_ - for broadcasting purposes, including but not limited to radio and television
- \_\_\_\_\_ - for publication, including internet publication
- \_\_\_\_\_ - for public performance, display or exhibition

**With the following provisions and restrictions:** (If left blank there are no restrictions)

Any restriction will prevent submission to the Veterans History Program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed Interviewee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signed Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_