



MAPS Air Museum Military History Program Release Form

Interview Date: _____ Location (City, ST) _____

Speaker/ Interviewee: _____ DOB: _____

Next of Kin: _____

Next of Kin Contact Info: _____

Recorder/ Interviewer: _____

Circumstances of Interview : _____

Event, museum visit, referral, found online, 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:

- for educational use (in research, seminars, workshops, conferences, or teaching)
- for release to the Library of Congress for the Veterans History Program if applicable
(note: if individual does not currently meet Library of Congress's requirements, ok to release after discharge or death.)

Permission to use interview: (please initial)

_____ - for publication, including internet/website publication

_____ - for broadcasting purposes, including but not limited to radio and television

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: _____