

Oral History / Lead Release Form

I, _____, hereby give this interview recorded on _____ to the Area 55 Archives Committee as a donation. With this gift, I transfer to the Area 55 Archives Committee legal title and all literary rights, including copyright.

I understand the interview may be made available for research and such public programming as the Area 55 Archives Committee may determine. This includes right and license to reproduce, copy, modify, display, distribute, perform, broadcast, transmit, and create derivatives from the recording. This may include use of the interview material in print and in live or recorded programs for radio, television, or any electronic publishing medium.

I transfer all of the above rights without limitation, to support the mission of A.A. and to disseminate information about A.A., upon the condition that I, and any other A.A. member I identify, remain anonymous at the level of the public media.

This gift does not preclude any use that I may wish to make of the information in the recording.

Signature of Interviewee

Signature of Interviewer

Name (printed)

Name (printed)

Address

Address

City, State/Province, Zip

City, State/Province, Zip

Date

Date

Comments: _____

Revocation:

I, _____, hereby revoke my consent for the use of the above information.

Signature of Interviewee / Family Member

Signature of Witness

Date

Date