



The Jane Carlson Williams '60 Archives

Lakeside School

14050 1st Ave. NE

Seattle, WA 98125-3099

Oral History Interview Release form

Interviewee	Street	City/State/ZIP
Telephone	Email	
<p>I, the undersigned interviewee, hereby convey and donate to the Jane Carlson Williams '60 Archives this recorded interview (both audio and/or video), and any subsequent transcriptions, subject to any special conditions stated below.</p> <p>These materials may be freely used by the Lakeside School community and other researchers. Individuals and institutions may obtain a copy at the discretion of the archivist.</p> <p>Subject also to any special conditions stated below, my interview may be used for research, instruction, exhibition, publication, broadcast, publication to the Internet, and other similar purposes.</p>		
<p>Special Conditions:</p> <p>Before release of the interview, _____ will be offered the opportunity to review and make changes (delete or clarify in writing within the typed transcript) to the work.</p>		
Interviewee's signature: _____ Date _____		
Interviewer	Email	
<p>I, the undersigned interviewer, do hereby relinquish all rights to the recording and transcript described above.</p> <p>Interviewer's signature: _____ Date _____</p>		