



ORAL HISTORY CONSENT FORM

INVESTIGATOR:

INTERVIEWERS:

DATE:

PROJECT DESCRIPTION:

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ORAL HISTORY INTERVIEW:

The interview will be either audio taped, video taped, or digitally recorded. In the interview you may be identified by name, subject to your consent. You may also be identified by name in any transcript of such interview. If you choose to remain anonymous, the interview will only be identified by a number. If you agree to be recorded by video, it may not be possible to guarantee complete anonymity.

The interview will take one to two hours and you can withdraw at any moment. If you have any questions about the research project or procedures you may contact the principal investigator,

A copy of the interview tape and of the final project may be obtained from the ICSOH at Nipissing University, 100 College Drive, North Bay, ON, P1B 8L7.

INTERVIEWER:

If you accept to be interviewed, I, _____,
promise to respect the sensitivity of your experience and the terms of this consent form.

Signature: _____

Date: _____

INTERVIEWEE:

I, _____ (name)

consent to be interviewed by

_____ (name of interviewer)

in the context of this research project. It is understood that I am free to withdraw from the interview at any moment or to not respond to certain questions.

I agree to be quoted directly by the interviewer: _____.

OR

I agree to be quoted anonymously by the interviewer: _____.

I agree to have a copy of this interview donated to a museum and/or archive for the use of other researchers. It is understood that access to this recording is open to other researchers. _____.

I grant permission for the Institute for Community Studies and Oral History at Nipissing University to use all or part of this interview in the form of a transcript or in digital form on its website or in its publications or to authorize such publication without seeking further consent. _____ .

Date: _____

Donor: _____

Signature: _____

Address: _____

Telephone: _____

Email: _____