Oklahoma National History Day
Todd Family Oral History Award
Release Form

Interviewee Information

Name__________________________________________

Street address ______________________________________

City____________________________________________ State ______________

Zip code ___________ Telephone ________________________________

I have participated in the Todd Family Oral History Award for Oklahoma National History Day and consented to the videotaping and recording this interview. I agree that the interview will be donated to the Oklahoma Historical Society (OHS) and the copyright shall rest with the OHS. I hereby agree that the OHS has my permission to make available to scholars and researchers at the OHS a copy of the complete, unedited program.

Permission to directly cite and quote remarks is hereby granted to all scholars and researchers at the OHS.

Signature_________________________________ Date ______________

Interviewer/Student Information

I conducted this interview and hereby donate the original copy to the Oklahoma Historical Society to be used for historical purposes and educational purposes including, but not limited to exhibits, social media, and general research.

Signature_____________________________ Date ______________