Oral History Release Form

Holt-Atherton Department of Special Collections
University of the Pacific Library

In consideration of the recording and preservation of my oral history memoir by the **Holt-Atherton Department of Special Collections** at the University of the Pacific,

I, the interviewee,	
hereby grant, assign, and transfer to the Holt-Atherton Department of Special Collections at the University of the Pacific the rights, including all literary and property rights, to publish, duplicate, or	
otherwise use and dispose of the recorded and transcr	
the transcribed interview and utilize the recording and	or transcription in my own work.
I, the interviewer,	(print name) hereby grant
assign, and transfer to the Holt-Atherton Department	of Special Collections at the University of the
Pacific the rights, including all literary and property rig	
dispose of the above described recording and edited to	ranscription.
Holt-Atherton Department of Special Collections	s at the University of the Pacific hereby agree
to preserve and make available the products of this oral history interview according to accepted	
professional standards of responsible custody and agree to provide the interviewee and interviewer	
with access to the recorded interview(s).	
Interviewee's address:	
Interviewee's phone number and/or email: () -
The viewee's phone number and or email: (
Interviewee's email address:	
Signature of Interviewee :	Date:
Signature of Interviewee .	Date
Signature of Interviewer :	Date: