



Oral History Consent Form

I, _____ hereby give the American Radio Relay League (“ARRL”) permission to use and host an audio interview of myself recorded on (date) _____ as part of the ARRL Online Library’s Oral History Project at www.arrl.org/library.

I understand that I relinquish to the ARRL all rights to this interview for any lawful purpose that the ARRL may choose, within any media now existing or yet to be invented.

I understand the interview will be made available for listening by the general public and posted on the ARRL web site.

I understand my participation in this Oral History Project interview is completely voluntary and I will receive no compensation for this interview. I do not have to answer any question I do not wish to answer, and have the right to terminate this interview at any time.

Signature of Interviewee _____

Name (printed) _____

Address _____

City, State/Province, Zip _____

Date of signature _____

Phone number or email address: _____

Signature of Interviewer _____

Name (printed) _____

Address _____

City, State/Province, Zip _____

Date of signature _____

Phone number or email address: _____