# ORAL HISTORY INTERVIEW RELEASE FORM

The National Federation of the Blind (NFB) is a 501(c)(3) nonprofit organization dedicated to improving the lives of blind people through advocacy, education, research, technology, and programs encouraging independence and self-confidence. With more than 50,000 members, the NFB is the largest and most influential membership organization of blind people in the United States. As part of the programs undertaken by the National Federation of the Blind Jernigan Institute (NFBJI), oral histories are collected and archived for research and educational purposes.

My signature below will confirm my agreement with the NFB regarding the disposition of audio-only/video interview(s) conducted with me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the NFB for the purpose of obtaining oral histories of blind people about their lives and of sighted people about their ties to the NFB and the blind community.

I understand that the electronic files and transcripts of the interview(s) will be maintained and made available by the NFB through its Jernigan Institute for such research, production (i.e., television, film, World Wide Web), and educational purposes as approved by the NFB.

I hereby grant and transfer to the NFB all rights, title, and interest in the interview(s), including the literary rights and the copyright. I shall retain the right to copy, use, and publish from the interview in part or in full during my lifetime.

I attest that I have voluntarily agreed to be interviewed and that this document contains the entire and complete agreement concerning the use and preservation of my interview.

# Signature of Interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Executive Director, NFBJI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_Anil Lewis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_