

WORCESTER WOMEN'S ORAL HISTORY PROJECT INFORMED CONSENT

Phone Interviewer	E-mail	
Address		
Name	Signature	Date
Interviewee		
I wish to remain anonymous in	any transcript or reference to	any information contained in this interview.
I may be identified by name in	any transcript or reference to	any information contained in this interview.
8. If I have questions about the resear History Project, 30 Elm Street, Worce		ow I can contact the Worcester Women's Oral
		on signing the deed of gift, the tape and a copy Project and/or another academic collection for
6. Any restrictions as to use of portion	ns of the tape will be edited ou	t of the final copy of the transcript.
the signing of the deed of gift, (ii) the	deed of gift will be submitted e use of the interview can be p he interview. I understand that	thts to the information in the interview prior to to me for my signature at completion of the laced in the deed of gift and will be accepted. I have the right to review the tape or
and content of the interview belong to	o the Worcester Women's Hist ew can be used by them in any	y manner they will determine, including, but
without prejudice prior to the execution	on and delivery of a deed of gi ew, any tape made of the inter	and that I can withdraw from the project lift, a form of which is attached hereto. In the view will be either given to me or destroyed, and
		ified by name, subject to my consent. I may also of such interview, subject to my consent.
	nen's Oral History Project. I un	and the oral history aderstand that I will be asked about my role in th

Signature

Date

Name