The Scott County Community Memory Project is a two-year grant initiative seeking to collect and preserve the rural history of the county and help residents preserve their own family history. Part of the project is conducting a select number of oral history interviews. A digital collection will be created so that future generations can know the stories of our past. Visit [www.scottcountylibrary.org](http://www.scottcountylibrary.org) for more information.

Informed consent and copyright permission for oral history interviews

Participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone and/or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I voluntarily agree to be interviewed for the Scott County Community Memory Project by representatives of the Scott County Library System. I understand that the following items may be collected from my interview:

• a digital audio recording

• a digital photograph of me

• originals or copies (paper or digital) of personal documents or images that I wish to share

• an edited transcript and summary

I understand that my interview (and other items above) may be distributed to the public for educational purposes, including formats such as print, public programming, and the Internet.

I agree to share my interview (and other items above) under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. This means that I retain the copyright, but that the public may freely copy, modify, and share these items for noncommercial purposes under the same terms, if they include the original source information.

The Scott County Library System will provide digital copies of items collected above for your personal use if desired.

Permission granted (sign & date):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s signature *date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer’s signature *date*