

# Oral History Recording Agreement

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Name of Project: .....

Full Name of Person Interviewed: .....

Date of Interview: .....

Commissioner: .....

Interviewer: .....

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**1. Placement:** I, the person interviewed, agree that the recording of my interview and accompanying material, prepared for archival purposes, will be deposited in.....

.....  
And copies may also be held by .....

**Notes:**

.....

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**2. Access:** I agree that the recording of my interview and accompanying material may be made freely available for research at the above location, or a location approved by the commissioner.

YES  **OR** NO

If **NO:** I require that there be **NO** access to the recording of my interview and accompanying material **without my prior written permission** until:

Release Date: ..... **OR** Review Date: ..... (select one only)

**Notes:**

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**3. Publication:** I agree that the recording of my interview and accompanying material may be quoted or shown in full or in part; this includes broadcast, published work, use in public performances, and electronic publication on the internet.

YES  **OR** NO

If **NO:** I require there be **NO** publication of the recording of my interview and accompanying material **without my prior written permission** until:

Release Date: ..... **OR** Review Date: ..... (select one only)

**Notes:**

.....

**Go to page 2 to complete form and sign at end**

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#### 4. Copyright

Choose one:

4a) Any copyright I own in the interview is retained by me, the interviewee

**AND**

(Complete if required) Any copyright owned by me at my death is assigned to  
[INSERT NAME]

**OR**

4b) Any copyright I own in the interview is assigned by me the interviewee to [INSERT  
NAME]

**Notes:**

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**5 Privacy Act:** As interviewee I acknowledge that this agreement does not modify my rights and responsibilities under the Privacy Act 1993

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#### 6. Additional Information:

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#### 7. Signatures:

Person Interviewed ..... Date: .....

Interviewer: ..... Date: .....

For Commissioner: ..... Date: .....

#### 8. Alternative contact (Optional):

If I am incapable of exercising any of my rights under the Agreement please contact  
[INSERT NAME].

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**Notes:**

1. All signatories to this *Oral History Recording Agreement* must comply with any restrictions on access/publication. This obligation applies to all copies of the recording and accompanying material, wherever they are held.
  2. The terms agreed to in this *Oral History Recording Agreement* may be amended only with the authority of the person interviewed. Any change must be registered with all holders of the interview and accompanying material.
  3. Commissioners, Interviewers and Repositories have responsibilities under the Privacy Act 1993.
  4. The Interviewee should be credited as the speaker in any use of the recording.
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