



Consent Form
LGBT Oral History Project
LGBT Community Center Of Central Pennsylvania
1306 N. Third Street
Harrisburg, PA 17013
(717) 920-9534

I hereby give to the LGBT Center and its assignees this recorded interview and/or other documents and grant the Center the right to deposit them in appropriate institutions and make it/them available to the public for such educational purposes as the Center judges worthwhile. I understand that the Center, its administration, scholars, filmmakers, and other mass media institutions might use this interview in publications, radio or TV video documentaries, web pages or any other public medium.

I release the Center, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings or documents, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

Narrator Printed Name _____

Narrator Signature _____

Date _____

Address: _____

Phone: _____ Email: _____

Interviewer Signature: _____

Date _____

Restrictions:

Interview date: _____ Location: _____