



College of  
**Liberal Arts & Sciences**  
A T I L L I N O I S

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## Storyography Participant Release Form

*Please fill out this form to ensure inclusion in Storyography, a part of the Lincoln Hall Project at the University of Illinois at Urbana-Champaign.*

I, \_\_\_\_\_, am a participant in Storyography, part of the Lincoln Hall Project at the University of Illinois at Urbana-Champaign. I understand that the purpose of Storyography is to collect audio- and video-recorded oral histories of past and present students, faculty, staff, as well as selected related documentary materials such as photographs, for inclusion in Storyography. The oral histories and related materials serve as a record of student, faculty, and staff experiences.

I understand that the University of Illinois plans to retain the product of my participation in Storyography, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials (“My Story”) as part of its Storyography website and transferred, on completion of the project, to the University Archives for preservation and future use.

I hereby grant to the University of Illinois those rights and copyright which I have in the materials in My Story as well as any rights of privacy and publicity in the materials in My Story which I may hold. The University of Illinois is hereby authorized to administer any copyright permissions related to the materials in My Story. In return, the University of Illinois hereby grants to me during my lifetime the right to use the materials in My Story for any purpose, including publication. The University of Illinois and myself shall, to the extent possible, inform each other of any major publications.

I hereby release the University of Illinois, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Story, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity. I also waive any right to inspect or approve the finished photograph or video or audio recording.

Should any part of My Story be found to include materials that the University of Illinois deems inappropriate for retention with Storyography, the University of Illinois may dispose of such materials in accordance with its procedures for disposition of materials not needed for Storyography.

ACCEPTED AND AGREED

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Name of Interview Partner \_\_\_\_\_

Relationship to Interview Partner \_\_\_\_\_