

Middle Atlantic Planetarium Society Oral History Project
History Archives Interview Release Form

Name of Interviewer: (print) _____

Name of Planetarium(s) associated with Interviewer: _____

Name of Interviewee: (print) _____

Name of the Planetarium(s) associated with Interviewee: _____

I, (interviewee) _____, agree to release the enclosed tape-recorded and/or video-taped interview for enclosure in the M.A.P.S. history archives. I understand that my interview will become part of the collected history of events, publications, and anecdotes regarding the Middle Atlantic Planetarium Society in its archives. This recording and any transcript will become the property of M.A.P.S.

I also understand that excerpts from this interview may be published by the society in either it's quarterly publication "The Constellation", a "Special Publication", on the internet in conjunction with the MAPS web site, or within a multimedia presentation.

Please initial one of the following three statements:

_____ The Middle Atlantic Planetarium Society may feel free to use this material in any way it deems appropriate.

_____ I would like to be notified in advance on the occasion of the publication of any part of this interview so that I might review how it is being used.

_____ I would prefer that this interview not be published in any form within the next _____ years.

Interviewee Signature: _____

Date: _____

Interviewer Signature: _____

Date: _____

Location of the Interview: _____