Forgotten Frontera Oral History Project

Oral Interview Consent Form

Interviewee (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for agreeing to provide an oral interview for the Forgotten Frontera Oral History Project. The purpose of this interview—and this project—is to record and collect oral histories from local Hispanic community members. We feel that the history of the Hispanic community is valuable to the larger local history and should not be forgotten.

By agreeing to this interview, you understand the following:

* This interview may be recorded by video or audio device for use in public research
* This interview may be placed in an archive that anyone can access
* Your interview and its transcript may be accessed by:
  + Future researchers and/or the public
* Your interview may be used for public research and display and/or private research

By signing this consent form, you agree to transfer all rights to the interview so that it may be made available for current and future use/research.

Please note, in conducting and preserving this oral history interview, the Center for the Study of the American West at West Texas A&M University does not keep record of any information regarding citizenship, current or past immigration status from participants

Interviewee (sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer (sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_