



Chapel Hill Public Library
100 Library Drive
Chapel Hill, NC 27514

Chapel Hill Community Archive Release Form

Name: _____

Mailing
address: _____

Phone
and/or email: _____

Read each sentence and check the box if you agree:

- I agree to be interviewed for the Chapel Hill Community Archive.
- I understand that the following items may be created from my interview:
 - an audio recording
 - a written copy and summary of the audio recording
 - a photograph of me
 - copies of any personal items that I wish to share
- I agree to freely share my interview and other items above with Chapel Hill Public Library under the terms of a Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported License (attached).
- I understand that my interview, and other items above, may be shared with the public for educational purposes in print, public programming, and on the internet and that all work will be attributed to me.
- I understand that Chapel Hill Public Library will send one copy of the interview audio recording, the interview transcript, and any other items created from the interview to my email or home address listed above before sharing any item publicly.

Signature date

Interviewer's signature date