



WISCONSIN LGBTQ HISTORY PROJECT

RELEASE OF RIGHTS USE CONSENT AGREEMENT

I, _____ hereby give, grant, assign and transfer, forever, to the
(Interviewee Name)

Wisconsin LGBTQ History Project, all my rights, title, access, and interest to the recorded conversations
made by me and _____ on _____,

(Interviewer)

(Date of Interview)

and any written summaries or copies thereof and any documentation accompanying the records,
including photos shared or taken as part of the oral history project.

I hereby specify the following exceptions to unrestricted use:

Barring any exceptions listed above, I understand that I am granting unrestricted and ongoing use of these assets
by Wisconsin LGBTQ History Project, in any lawful way, including publication (print or digital) in public media.

This authorization remains in effect for a timeframe of no less than one year from date of signature, after which
this authorization may be revoked in writing.

(Signature)

(Date)

(Address)

(City, State, Zip)

(Phone Number)

(Email)

Acceptance by Wisconsin LGBTQ History Project

(Representative)

(Date Signed)

(Date Published)