

LAFAYETTE COLLEGE

David Bishop Skillman Library

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Special Collections & College Archives

Oral History Informed Consent Form

Name _____

Mailing Address _____

Phone _____ Email _____

I, _____, voluntarily agree to participate in the Interview on _____, for the Lafayette College Archives (the Archives). I understand that I can withdraw from the interview or refuse to answer a question at any time.

I acknowledge that the Archives creates/acquires oral history interviews for scholarly and educational purposes with the intent of making them available to users for an ongoing or indefinite period of time.

I understand that the following items may be created from my interview:

- a preservation master copy and user copies of the recording
- reformatted copies of the recording to meet changing technological and archival standards
- an edited transcript, summary, and/or index
- a photograph of me from the interview
- copies of any personal documents or additional photos I wish to share during the interview

I further understand that I will be given an opportunity to determine the copyright disposition of the recordings and transcripts and that I will have the chance to restrict access for a period of time, if I so choose.

I acknowledge that while it is the intention of the Queer Archives Project to retain my interview in full, final transcripts may have sections redacted to respect third-party privacy. I further understand that I will be provided with the opportunity to review my transcript before it is finalized and that any edits must be submitted to the Queer Archives Project team within 30 days of receiving my transcript.

Questions concerning “LGBTQ Lives at Lafayette College: The Queer Archives Project” may be directed to Professor Mary A. Armstrong (armstrom@lafayette.edu) or College Archivist Elaine Stomber (stombero@lafayette.edu).

Participant's signature

Date