

CSUCI UNIVERSITY ARCHIVES

ORAL HISTORY SAMPLES OF:

1. Confirmation Letter
2. Release Form and Donor Agreement
3. Informed Consent Form
4. Thank You Letter (with correction form)

APPENDIX 1

August 22, 2022

NAME
ADDRESS

Re: Oral History Program, Class _____ at CSUCI

Dear Mr/Ms. _____:

As per our conversation on _____, I would like to confirm our oral history interview concerning _____ on _____ at ___ a./p.m to take place at _____. The interview will take one to two hours to complete. We can always stop at any point during the interview for breaks or continue the session on another day.

A recording of your interview will be made, with your permission via **(INTERVIEWER-INDICATE WHICH ONE: a digital recorder or Zoom - MAKE SURE YOUR INTERVIEWEE HAS ZOOM)**. You will be asked to sign two forms: (1) an Informed Consent Form and (2) a Donor Agreement. Copies of the forms are attached to this letter. **Please read them carefully.** A transcript may be made of your interview and if it is, you will receive a draft transcript of the interview and asked to edit and approve it for finalization.

Please note that this interview is not being conducted by CSUCI Archives personnel and that the Library or Archives is not responsible for anything related to the interview or interviewee, other than preservation and distribution of the interview, if applicable.

Should you require additional information, have questions or comments regarding the oral history interview or the Donor Agreement and Informed Consent Form, please do not hesitate to contact me at any time.

I thank you in advance for your courtesy.

Very truly yours,

(type your name here)

(PHONE NUMBER HERE)

/Encl.

APPENDIX 2

Release Form and Donor Agreement

In consideration for the audio/video recording, editing, and preservation of my oral history interview by _____ [name of interviewer] for Class _____ of California State University Channel Islands:

I, _____ [name of interviewee], of _____, [address] hereby relinquish and transfer my audio/video interview to Class _____, under Professor _____ and possibly, the University Archives (for preservation and distribution purposes only), so that it may be transcribed and made available to researchers and may be quoted from, published, or broadcast in any medium or form deemed appropriate, subject to the terms of the Informed Consent Form.

By signing this form, I understand that I am conveying to Class _____, under Professor _____ and possibly, the University Archives (for preservation and distribution purposes only), all legal title and literary property rights that I have or may be deemed to have in my interview, as well as my right, title, and interest in any copyright that may be secured under the laws now or later in force and effect in the United States of America. My conveyance of copyright encompasses the exclusive rights of reproduction, distribution, preparation, or derivative works, public performance, public display, as well as all renewals and extensions.

Date: _____

Date: _____

[Signature of Interviewer]

[Signature of Interviewee]

APPENDIX 3

Informed Consent

1. I hereby agree to participate in an interview in connection with Class _____, under Professor _____ of California State University Channel Islands and possibly, the University Archives (for preservation and distribution purposes only). I understand that I will be asked about:

_____.
2. I understand that the interview will be audio recorded, may be video recorded, may be transcribed, may be duplicated, may be converted to another medium, and may be digitally reproduced for audio research. In the interview, I understand that **I will be identified by name**, unless I request confidentiality. I may also be identified by name in any transcript (whether verbatim or edited) or audio version of such interview. **I understand that if a transcript is not made of the interview, then the interview will stand as is - without any editing.**
3. **I understand that I may choose to remain anonymous and if I do, my name will not appear in the researcher transcript or referred to in any material regarding or contained in the interview.** (Names will appear in original transcript.) In the case of choosing to remain anonymous, my interview will only be identified to the researcher by an internal oral history tracking number.
4. **I also understand that I may request that certain information given in the interview, remain confidential and restricted, if I choose not to remain anonymous.** This information will not be opened for researcher until _____ [date].
5. I understand that the interview will take approximately one hour to two hours and may, upon my agreement, continue at another day and time.
6. I understand that I may withdraw from the project, without prejudice, prior to the interview and the execution/delivery of this document and the Donor Agreement, which is attached hereto.

7. I understand that a photograph of me may be borrowed for duplication and that if I withdraw from the project, the duplicate photograph will be given to me.
8. Subject to the provisions of paragraph 9 below, I understand that, upon completion of the interview, the recording (and other mediums resulting from the interview) and content of the interview (and all rights thereto) belong to Class _____, under Professor _____ and possibly, the University Archives (for preservation and distribution purposes only) and that the information in the interview may be used by researchers, subject to Copyright law and paragraphs 2, 3 and 4 above.
9. Class _____, under Professor _____ agrees that: (i) it will not use or exercise any of its rights to the information in the interview, prior to the signing of the Donor Agreement; (ii) the Donor Agreement will be submitted to me for signature prior to the interview; (iii) restrictions on the use of the interview can be placed in the Donor Agreement and/or Consent Form and will be accepted as amending the interview; and (iv) that if the interview is transferred to another sound medium for preservation purposes, the entirety of the interview will be transferred, not merely portions.
10. I understand that I have the right to review and edit the transcript of the interview, **within two weeks of the interview date**. I understand that it is my responsibility to contact the interviewer to find out if the transcript has been transcribed, should I decide to make changes to the transcript. (Transcriptions may occur within two weeks to an unspecified amount of time from the date of the interview, due to financial and resource issues.) Any restrictions as to use of portions of the interview indicated by me will be edited out of the final copy of the transcript within that time period.
11. I understand that, at the conclusion of this particular interview and upon signing the Donor Agreement, the interview, duplication photograph, and at least one copy of the transcript will be kept with the interviewer, may be kept with Professor _____, and may be kept with the University Archives (for preservation and distribution purposes only).

12. If I have questions about the research project or procedures, I know that I can contact the interviewer at _____ [phone number].
13. If I feel that I have not been treated according to the descriptions in this form or that my rights as a participant in research have been violated during the course of this project, I know that I can contact Professor _____ at _____.

MARK ONE BELOW:

____ **I agree to be identified by name** in any interview recording, transcript, video recording, digitally reproduced medium, or in reference to any information contained in this interview.

CONFIDENTIAL CLAUSE

____ I agree to be identified by name in any audio recording, transcript, video recording, digitally reproduced medium, or in reference to any information contained in this interview, but request that matters pertaining to

be placed in confidential status until _____. This particular information will only appear in the original copy of the transcript. The original audio/video recording(s) will not be open for research use. If a transcript of the interview is made, this information will be edited out, labeled as a “confidential copy”, and given to researchers for use. The original non-edited interview recording(s) and transcript will be retained with the interviewer, may be kept with Professor _____, and may be kept with the University Archives (for preservation and distribution purposes only).

ANONYMOUS CLAUSE

____ I wish to remain anonymous in any original audio/video recording(s), transcript, digitally reproduced medium, or reference to any information contained in this interview, that is held open for research use. I understand that the transcript only will be open for research use, identified by an

internal Oral History tracking number. The interview and transcript will be retained with the interviewer, may be kept with Professor _____, and may be kept with the University Archives (for preservation and distribution purposes only).

Interviewer signature: _____

Interviewee signature: _____

Address: _____

Phone number: _____

E-Mail: _____

Consent date: ___/___/___

APPENDIX 4

August 22, 2022

NAME
ADDRESS

Re: Oral History Program at CSUCI

Dear Mr/Ms. _____:

Thank you very much for your participation in the _____ (class) oral history project at California State University Channel Islands.

A copy of the transcription from the recording is enclosed. Please review it carefully for accuracy. If you wish to make corrections, additions, or deletions to the transcript, please contact me immediately. Please make the corrections on the attached sheet and return it by e-mail no later than _____. I can also pick it up personally.

If you do not wish to make edits, then of course, you do not have to return the correction sheet. You do **not** need to return the transcript.

Your edits (if any) will be made on the final transcript, which will be held open for researcher use, unless you have indicated otherwise.

You understand and agree that preservation concerns may require the duplication of the interview to a more stable medium in the future.

I have also included a signed copy of the donor agreement and consent form for your records.

Once again, thank you very much for your courtesy and cooperation in this endeavor. Should you have any questions or comments, please do not hesitate to contact me at any time.

Very truly yours,

(Phone number)

(E-mail)

Enclosures:

Transcript
Correction Sheets
Copy of Donor Agreement and Consent Form

