

ACQUISITION FORM – ORAL HISTORY CONSENT

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I am aware that the interviews/stories may become part of the public collection at:

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I agree that I will not seek from the City of Gosnells any talent fees or compensation for using material from my oral history interview for the above purposes.

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Name :		
Address :		
Phone Email :	Fax:	
Signature:		
Date:		

Administration:	
Interview conducted on (date)	
Letter of thanks sent (date)	
Draft transcript sent to interviewee (date)	
Draft transcript returned to Heritage Services (date)	
Kit provided to interviewee (date)	
Other	

City of Gosnells Heritage Services