

Agreement to Participate in  
[**Very Interesting Oral History Research Project**]  
[**John Doe**], Principal Investigator

Center for Oral and Public History  
California State University, Fullerton  
P.O. Box 6846 Fullerton, CA 92834  
(714) 278-3580

- This oral history interview is being conducted as part of an oral history project documenting the [**Event**], of which you were a participant or observer.
- We will conduct one or two sixty- to ninety-minute audio and/or video recorded sessions with you at a time and place agreed upon.
- Your participation in this project is completely voluntary and you may withdraw from participation at any time.
- You may elect not to answer any question(s) at any time for any reason.
- The interviews will be informal and conversational and will focus on your recollections of an important period of history.
- Researchers, scholars, and other users will be welcome to utilize short excerpts from any of the transcriptions without obtaining permission as long as proper credit is given to the interviewee, interviewer, and the Center for Oral and Public History.
- Because of the need to create and make available to scholars and the general public a reliable historical document, it is important that your name appear as the narrator on the transcript.
- The interview process may also bring back painful or unpleasant memories. You may elect not to answer any question(s) at any time for any reason.
- There will be no direct benefit to you for your participation in this project; however, your participation will contribute to the historical record of [**Event**].

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*I certify that I have read and that I understand the foregoing, that I have been given satisfactory answers to my inquiries concerning project procedures and other matters, and that I have been advised that I am free to withdraw my consent and to discontinue participation in the oral history at any time without prejudice.*

*I herewith give my consent to participate in this project. I acknowledge that I have received a copy of this consent form.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_  
Date

Please contact Principal Investigator [**John Doe**] at (808) 555-1234 if you have any questions regarding this project.

If you cannot obtain satisfactory answers to your questions or have comments or complaints about your treatment in this study, contact: Office of Grants and Contracts, **Heidi Hodges**, [hhodges@fullerton.edu](mailto:hhodges@fullerton.edu) or 714-278-2327.