

Written Release Form

Full Name of Person Interviewed (print):

Address: _____

Phone:(____) _____

Place of
Interview: _____

Name of Interviewer (print):

Date of Interview: _____

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research used by the Reformed Church in America (RCA). I give permission for the following (check all that apply):

_____ May be used for educational and research purposes by the RCA

_____ May include my name

_____ May be included in an RCA publication or exhibit

_____ May be included in another educational, nonprofit publication or exhibit

_____ May be used but DO NOT include my name

_____ May be deposited in the Reformed Church Archives

_____ Other (explain)

Signature of Interviewee

Date