

**The History Harvest**  
**Spring 2014**  
**Participant Release Form**

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\_\_\_\_\_ Check if you agree to be audio/video-taped.

\_\_\_\_\_ Check if you wish to remain anonymous in the web-archive.

Your signature below certifies that you have decided to participate in the University of Nebraska-Lincoln Department of History History Harvest Project and understand the terms of this release form.

Participant: \_\_\_\_\_ Information Collector: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please direct any questions concerning the above permission agreement to Dr. William G. Thomas III, [wgt@unl.edu](mailto:wgt@unl.edu) 402-472-2414.