

SCIENCE HISTORY INSTITUTE

Center for Oral History Preliminary Release Form

The Center for Oral History of the Science History Institute aims to preserve the history of science, medicine, and technology through the recollections of those who have contributed to the advancement, dissemination, and use of scientific knowledge, practices, and technologies. Our mission is to ensure that current and future generations of scholars, researchers, and interested individuals are able to understand the life of a scientist and the scientific life—an interviewee's childhood interests, educational experiences, laboratory practices, and the successes, disappointments, triumphs, and failures of a career in science—from the perspectives of the women and men intimately involved in new discoveries and innovations, as recorded in their own words.

I agree to be interviewed by **interviewer(s)**, representing the Science History Institute, on **dates**. I understand that my oral history interview will be made part of the Science History Institute's collections and will be available for educational, non-commercial use. I also understand that this document is intended to inform me fully of what I am being asked to do and of my rights as an interviewee.

The Oral History Interview

This interview will be recorded within the period of time previously agreed upon by me and **interviewer(s)**. Should **interviewer(s)** feel that more time is needed to complete the interview, arrangements can be made to extend the interview at my convenience. Once my interview is complete, it will be transcribed and edited for readability in accordance with the Center for Oral History's policies and procedures. I will be given an opportunity to make changes to my interview before the final transcript is completed. No one outside of the Center for Oral History, its affiliates, and **interviewer(s)** will be able to access my interview until the final transcript is finished. At that time I will have the opportunity to place restrictions on access and reproduction of the interview if I so desire.

My Rights

I understand that I have the right not to answer any of the questions asked of me during the interview should I consider them uncomfortable or inappropriate. If I need to take a break from the interview or if I have a question or point for clarification during the interview, I can ask that the recorder be turned off temporarily. My participation in this interview is completely voluntary and I am free to withdraw consent and cease all participation in this interview at any time without any consequences whatsoever.

Risks, Benefits, and Costs

The Science History Institute knows of no risks or negative consequences associated with participation in this interview, and I may not receive any direct benefit from my participation, but I am fully aware that others may benefit from the knowledge I provide in this interview for the Science History Institute's oral history collection. I understand that there is no cost to participate in this interview and I will not be paid for my time; I will, however, receive a professionally-bound copy of my interview.

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My Obligations

Once the Center for Oral History has sent me a copy of my oral history transcript, I agree that (a) I will return the transcript with my edits to the Science History Institute within three months of its receipt by me and that (b) should I not return the edited transcript within that time, I agree that the Science History Institute may complete the processing of the transcript and make it available in accordance with the Center for Oral History's normal practices. I also agree that if I should die or become incapacitated before I have reviewed and returned the transcript, all rights and title to and interest in the recordings, transcript, photographs, and memorabilia, including the literary rights and copyright, shall be transferred to the Science History Institute, which pledges to maintain the recording and transcript and make them available in accordance with general policies for research and other scholarly purposes.

Questions or Concerns

Should I have any questions or concerns about participating in the creation of this oral history before or during the recording of the interview, or about the processing of the transcript, I can contact the Director of the Center for Oral History at the Science History Institute:

David J. Caruso, PhD
Director, Center for Oral History
Science History Institute
315 Chestnut Street
Philadelphia, PA 19106
dcaruso@sciencehistory.org
(215) 873-8236

Agreement

I have read the information contained within this release form, and **interviewer(s)** offered to answer any questions or concerns I had about this document or the interview. I hereby consent to participate in this oral history interview.

(Signature) _____
Interviewee

(Signature) _____
Interviewer

(Date) _____

(Date) _____

(Signature) _____
Interviewer

(Date) _____

SCIENCE HISTORY INSTITUTE
Center for Oral History
FINAL RELEASE FORM

This document contains my understanding and agreement with the Science History Institute with respect to my participation in the audio- and/or video-recorded interview conducted by interviewer name on date. I have read the transcript supplied by the Science History Institute.

1. The recordings, transcripts, photographs, research materials, and memorabilia (collectively called the "Work") will be maintained by the Science History Institute and made available in accordance with general policies for research and other scholarly purposes.
2. I hereby grant, assign, and transfer to the Science History Institute all right, title, and interest in the Work, including the literary rights and the copyright, except that I shall retain the right to copy, use, and publish the Work in part or in full until my death.
3. The manuscript may be read and the recording(s) heard/viewed by scholars approved by the Science History Institute unless restrictions are placed on the transcript as listed below.

This constitutes my entire and complete understanding.

(Signature) _____

Interviewee Name

(Date) _____

OPTIONAL: I wish to place the following restrictions on the use of this interview:

I understand that regardless of any restrictions that may be placed on the transcript of the interview, the Science History Institute retains the rights to all materials generated about my oral history interview and will make the title page, abstract, table of contents, chronology, index, et cetera (collectively called the "Front Matter and Index") available on the Science History Institute's website. Should the Science History Institute wish to post to the Internet the content of the oral history interview, that is, direct quotations, audio clips, video clips, or other material from the oral history recordings or the transcription of the recordings, the Science History Institute will be bound by the restrictions for use placed on the Work as detailed above. Should the Science History Institute wish to post to the Internet the entire oral history interview during my lifetime, I will have the opportunity to permit or deny this posting.

I understand that the Science History Institute will enforce my wishes until the time of my death, when any restrictions will be removed.

PERMISSION TO POST COMPLETED ORAL HISTORY TRANSCRIPT ON THE INTERNET

The original release agreement that you signed with the Science History Institute, which governs researchers' access to your oral history, made no mention of possibly posting your entire transcript on our website. It is our goal, however, to broaden individuals' access to the Science History Institute's oral histories generally, and your oral history specifically, so we are contacting you to request permission to post your entire completed transcript on our website, located at <http://www.sciencehistory.org>.

Should you choose to grant us permission to post your entire completed transcript on our website, the Science History Institute will not be able to limit anyone's access to or use of your oral history in any way outside the bounds of U.S. Copyright Law under title 17 of the United States Code.

If you have any questions about this form, or if you would like to review your original release agreement, please contact the Director of the Center for Oral History at oralhistory@sciencehistory.org; (215) 925-2222; or Director, Center for Oral History, Science History Institute, 315 Chestnut Street, Philadelphia, PA 19106.

Initials I, Interviewee's Name, GRANT exclusive permission to the Science History Institute to post my completed oral history transcript conducted on Date(s) with Interviewer(s) at Location on the Science History Institute's website.

Initials I, Interviewee's Name, DO NOT GRANT permission to the Science History Institute to post my completed oral history transcript conducted on Date(s) with Interviewer(s) at Location on the Internet during my lifetime.

Signature: _____
Interviewee's Name

Date

Work Made for Hire Agreement

The Center for Oral History at the Science History Institute is committed to preserving the history of science through the conduct of oral history interviews with various members of the scientific community (broadly construed). The Center regularly conducts interviews that contribute to the Science History Institute's overall oral history collection, as well as that contribute to its numerous, specific oral history projects. In order to fulfill the Center's objectives, we are contracting with you, INTERVIEWER'S NAME, to conduct oral histories that will become part of the Science History Institute's collections. In signing this agreement, you are affirming that your work is eligible to be treated as Work-Made-for-Hire pursuant to Title 17 of the United States Code, Section 101.

The Science History Institute and you, INTERVIEWER'S NAME, agree that the copyright for all materials generated in preparation for and during the oral history interview—including, but not limited to, question lists, background research, and audio or video recordings—will be held by the Science History Institute, who will be considered the author of the interview, as defined in Title 17 of the United States Code, Section 201. The fact that you are conducting oral history interviews for the Science History Institute does not entitle you to use the conducted oral history in whatever manner you wish; you must use the conducted oral history in ways that are consistent with the Science History Institute's usage terms and conditions.

If you have any questions about this agreement or the conduct of an oral history interview, please contact:

David J. Caruso
Director, Center for Oral History
Science History Institute
315 Chestnut Street
Philadelphia, PA 19106
dcarus@sciencehistory.org
(215) 873-8236

INTERVIEWER'S NAME

David J. Caruso

DATE

DATE