

UCL HISTORY

**Copyright Assignment and Consent Form for Oral History Recordings**

**Name of the Project: XXX**

**Name and email of Researcher: XXX**

**Name and email of the Principal Researcher: XXX**

**Name of Interviewee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Recording:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this copyright assignment and consent form is to enable the Researcher to permanently retain and use the recorded recollections of individuals and to ensure that this is done in strict accordance with your wishes.

1. **Copyright**

In respect of the content of the above audio recording, consisting of the recollections of a contributor and constituting a literary work as defined by the Copyright, Designs & Patents Act 1988:

I, the Interviewee, confirm that I consented to take part in the recording and hereby assign to the Researcher all copyright in my contribution for use in all and any media. I understand that this will not affect my moral right to be identified as the ‘performer’ in accordance with the Copyright, Design and Patents Act 1988, on the understanding that the content will not be used in a derogatory manner and that the author of the contribution will be correctly identified in all uses of it. I understand that no payment is due to me for this assignment and consent.

1. **Use of the information in the research**

I agree to the content of the recorded interview being used in the following ways:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| in a thesis, dissertation or similar research conducted in the Department of History, UCL |  |  |
| in a public performance, lectures or talks  |  |  |
| in publications, including print, audio and electronic |  |  |
| on radio or television  |  |  |
| publication of clips or whole interviews on the internet |  |  |

1. **Future use and reuse of the information by others**

I agree to the deposit of transcripts, audio or visual recording in [name archive] once this research project is complete, so it can be used for future research and learning.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Audio/ Video recording |  |  |
| Transcript  |  |  |

1. **Anonymity**

In all publications and public presentations of the research:

|  |  |
| --- | --- |
| I am happy for my name to be associated with my testimony |  |
| OR: |  |
| I wish to be anonymous  |  |

When my interview is deposited in the archive:

|  |  |
| --- | --- |
| I am happy for my name to be associated with my testimony |  |
| OR: |  |
| I wish my transcript to be embargoed for the following number of years |  |

1. **Conditions**

*If you wish to place any conditions on the use of your interview by the Researcher or in the Archive please note any conditions below (for example, if you wish for part of the interview to be redacted)*

1. **Signature and participant contact details**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**