Oral History Permission to Publish Form

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Please use the following citation form:

Interviewee's last name, First name, Interview by interviewer's first and last name, Interview format, Location, month, day, year, Call number, Specific project collection title (if applicable), Special Collections, Maryland Historical Society Library, Baltimore.

Subsequent note reference: Interviewee’s last name, interview, MdHS.

Example:


Mitchell Jr., interview, MdHS.

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Name: ___________________________ MdHS Member No. ____________

Company or Institution: ____________________________

Address: _____________________________________________

City/State/Zip: _____________________________________________

Phone: ___________________ Email: ____________________________

Today’s Date: ________________
How are the oral history collections to be used? (Check all that apply)

____ Print publication
____ Audio
____ Video

Preferred Delivery date (applies only to requests for video and audio recordings): ________________

If needed sooner than 14 business days please contact the Special Collections Department at specialcollections@mdhs.org.

Please provide the following information about the proposed use of the oral histories: Project title, purpose of the project, presumed audience, number of copies the publisher is planning to produce (if a print publication), who is producing it, where it will be distributed, and any other relevant information.

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Oral History Collections requested

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<th>Call Number</th>
<th>Interviewee/Title of collection (if applicable)</th>
<th>Page Numbers or tape location of segments of interview being requested</th>
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