



SAMUEL PROCTOR ORAL HISTORY PROGRAM CREATIVE COMMONS LICENSE

241 Pugh Hall
P.O. BOX 115215
Gainesville, FL 32611-5215
Phone: (352) 392-7168
Fax: (352) 846-1983
<http://oral.history.ufl.edu>

_____ (Project #)

Narrators: Please type in lines 1, 2, 3, 4

1 I _____ (Interviewee/Interviewer) voluntarily agree to participate in this oral history interview with the expectation that it become part of the public archive of the Samuel Proctor Oral History Program (SPOHP) at the University of Florida. I understand that the following items may be created from this interview:

- an audio and/or video recording
- an edited transcript and summary
- photographs or other images
- copies of any personal documents that I wish to share

I understand that my interview (and other items above) may be distributed to the public for educational purposes, including formats such as print, public programming, and the Internet. Also, I agree that my interview and the associated materials are being provided under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License. This means that I as the interviewee retain the copyright, but that the public may freely copy, modify, and share these items for noncommercial purposes under the same terms, if they include the original source information. In return, SPOHP promises to send a minimum of two free copies of the interview recording, transcript, and related items to my address below.

This interview **cannot be used for commercial purposes** without the express written consent of the individual(s) providing the content for the interview.

2 _____
Interviewee Date

Interviewer Date

SPOHP Director, Prof. Paul Ortiz Date

3 _____
Interviewee: Address, City, State, Zip Code

4 _____
Interviewee: Email and Telephone