University of Mary Washington

Department of History,
American Studies, and Sociology
1301 College Avenue
Fredericksburg, VA 22401-5300
umw.edu

University of Mary Washington
Alumni Oral History Project

Informed Consent

I, _____ (name of narrator), agree to participate in the University of Mary Washington Alumni Oral History Project. This project aims to collect and preserve the perspectives of alumni and the history of the University of Mary Washington. Interviews in this project are being collected by students under the supervision of Dr. Erin Krutko Devlin, Associate Professor of History and American Studies in partial fulfillment of the course requirements for HIST 441: Oral History. There are no known social, physical, or psychological risks associated with participation in this project beyond those that might be encountered in daily life.

- I understand that this interview will be at least 45 minutes of duration, but will take no longer than two hours.

- My participation in this process is voluntary. I understand that I am free to decline to answer any question or discontinue the interview.

- I understand that this interview will be recorded and transcribed, and submitted to the supervising faculty member for academic credit.

- University of Mary Washington faculty are committed to upholding the University's *Policy on Sexual and Gender Based Harassment and Other Forms of Interpersonal Violence.* Under Title IX and this Policy, discrimination based upon sex or gender is prohibited. I understand that Dr. Devlin is a "Responsible Employee" of the University as defined under Title IX, and must report information shared about violations of the policy to UWM's Title IX Coordinator.

- A copy of the recording will be provided to me.

- If I would like to clarify, correct, or redact my responses to interview questions, I will contact Dr. Devlin at the address below within 14 days of my receipt of the original.

- I understand that I can choose to donate this interview to Special Collections and University Archives of the University of Mary Washington. If I choose to donate this interview to the University Archives, I understand that my statements will be made public. I will be provided with supplementary forms at the completion of the interview which will explain and facilitate the donation process. Both the narrator and interviewer must consent to the terms outlined on the donation forms before an interview can be transferred to University Archives.

- If I have any comments or concerns that arise in connection to my participation in this study, I should contact Dr. Erin Krutko Devlin, Associate Professor of History and American Studies using the contact information provided below.

I have been given an opportunity to ask questions, and all such questions and inquiries have been answered to my satisfaction. My signature below signifies that I am 18 years of age or older, am capable of providing consent, and that I have received a copy of both pages of this consent form.

_____ _____

Narrator's signature Date

_____ _____

Interviewer's signature Date

Dr. Erin Krutko Devlin
Associate Professor of History and American Studies
University of Mary Washington
1301 College Avenue
Fredericksburg, VA 22401
Telephone: 540-654-1480
Email: edevlin@umw.edu

University of Mary Washington
Alumni Oral History Project

Narrator Biographic Information Form

Name: _____

Previous Name (if applicable): _____

Pronoun Preference: _____

Birth Date and Year: _____

Birth Place: _____

Years of Attendance at UMW: _____

Profession: _____

Additional Biographic Information:

Form Filled Out By: _____

Date: _____

University of Mary Washington
Alumni Oral History Project

Interview Information Form

Narrator's Name: _____

Interviewer's Name: _____

Date of Interview: _____

Time of Interview: _____

Location of Interview: _____

Duration of Interview: _____

Suggested Keywords (Topics or Tags): _____

_____

Abstract of Interview:

University of Mary Washington

Simpson Library
1801 College Avenue
Fredericksburg, VA 22401-5300

Information (540) 654-1125
Fax (540) 654-1067
www.libraries.umw.edu

University of Mary Washington
Alumni Oral History Project

Narrator Donor Form

I, _____ (name of narrator), hereby give to the Special Collections and University Archives Department of the University of Mary Washington as a donation this interview recorded on _____ (date). With this gift, I hereby transfer to the Special Collections and University Archives Department of the University of Mary Washington title and all literary property rights to the interview, including copyright.

I understand the interview may be made available for research and such public programming as the Special Collections and University Archives Department of the University of Mary Washington may determine. I grant University of Mary Washington the non-exclusive right to reproduce, translate, and/or distribute content associated with this interview in print and electronic format and in any medium, including but not limited to an online digital archive, and all forms of for profit and not for profit publishing.

_____ _____
Narrator's Signature Date

_____
Address

_____
City, State, Zip Code

_____ _____
Interviewer's Signature Date

_____
Address

_____
City, State, Zip Code

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Alumni Oral History Project

Interviewer Donor Form

I, _____ (name of interviewer), hereby give to the Special Collections and University Archives Department of the University of Mary Washington as a donation this interview recorded on _____ (date). With this gift, I hereby transfer to the Special Collections and University Archives Department of the University of Mary Washington legal title and all literary property rights to the interview, including copyright.

I understand the interview may be made available for research and such public programming as the Special Collections and University Archives Department of the University of Mary Washington may determine. I grant University of Mary Washington the non-exclusive right to reproduce, translate, and/or distribute content associated with this interview in print and electronic format and in any medium, including but not limited to an online digital archive, and all forms of for profit and not for profit publishing.

_____
Name of Narrator

_____ _____
Interviewer's Signature Date

_____
Address

_____
City, State, Zip Code