**(Enter Your Name here): On behalf of the ‘Here in the Past Project; Regency Town House, 13 Brunswick Square, Hove, BN3 1EH. Telephone: c/o 01273 206306**

**e-mail: (Enter your own email address here)**

**Oral History Consent (Clearance) Form**

Contributor’s name:

Date of recording:

The purpose of this clearance form is to ensure that use of your contribution to our project is in strict accordance with your wishes.

I, ...................................................................................................., the interviewee, hereby give

YOUR NAME, the interviewer, the right for this recorded interview to be used:

1. In a written Street History published on paper and/or on the internet: YES/NO
2. For bona fide learning purposes: YES/NO
3. For educational use (for example in seminars or workshops, or in schools, colleges, or Universities): YES/NO
4. For publication in a university context: YES/NO

Do you wish to remain anonymous if published in any of the above contexts? YES/NO

Would you rather your house number were not mentioned? YES/NO

If you wish to place any other restrictions or conditions upon the use of your contribution, please state the conditions (or write NONE):

Copes of the recording will remain with the researcher.

Signed: (interviewee)....................................................................................

Date: ............................................................................................................

Signed: (Interviewer)....................................................................................

Date:................................................................................................................