



**Special Collections and University Archives  
Oral History Release Form/ Deed of Gift  
(with Restrictions)**

The mission of Special Collections at the University of North Carolina at Asheville (UNC Asheville) is to collect, preserve, and make accessible to researchers materials that document the history and culture of Asheville and Western North Carolina. To this end, Special Collections has developed an extensive Oral History collection of audio and video recordings, transcripts, photographs, and related materials resulting from interviews conducted by students, faculty, staff, and community members.

By signing this Release Form/Deed of Gift, you agree to donate the recording of this oral history as well as any accompanying materials (photographs, documents, and resulting transcripts, collectively referred to as “materials”) to Special Collections at UNC Asheville to become part of the University’s Oral History collections, where they will be made available for use consistent with the University’s mission. In order for the materials provided by you to be deposited in Special Collections, it is necessary for you to sign this gift agreement. Before doing so, you should read it carefully and ask any questions you may have regarding its terms and conditions.

I, \_\_\_\_\_ herein permanently donate and convey my oral history interview/s and/or other material to Special Collections at UNC Asheville. In making this gift, I understand that I am conveying all rights, title, and interest in copyright to Special Collections at UNC Asheville, and that this oral history and accompanying materials will be available for research and possible publication, including but not limited to the internet. In return, Special Collections grants me a nonexclusive license to utilize my interview/s and/or other material during my lifetime. I also grant to the University the right to use my name and likeness in any promotional material for publication of projects. I further understand that I will have the opportunity to review my interview before it is made available.

**Restrictions**

\_\_\_\_\_ I wish that my interview and other Material not be made available until (circle one) 5 / 10 / 15 years from the date of this interview.

\_\_\_\_\_ I wish to be identified by a pseudonym and have all references from which my identity could be known redacted until (circle one) 5 / 10 / 15 years from the date of this interview. [Any additional restriction must be discussed with Special Collections staff prior to implementation.]

Special Collections agrees to take all reasonable steps to honor my restrictions.

\_\_\_\_\_  
Interviewee signature

\_\_\_\_\_  
Interviewer signature

\_\_\_\_\_  
Interviewee street address

\_\_\_\_\_  
Interviewer street address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SPECIAL COLLECTIONS & UNIVERSITY ARCHIVES**

**D. HIDDEN RAMSEY LIBRARY**

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