

Written Release Form

Full Name of Person Interviewed

(print): Scott Griffin

Address: 3212 Q Street

Phone: ~~(777)~~ 601-4632

Place of
Interview: Online / Zoom

Name of Interviewer & Institution
(print): _____

Date of Interview: 4/14/2021

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution named above. I give permission for the following (check all that apply):

- ☒ May be used for educational and research purposes at the above institution
- ☒ May include my name
- ☒ May be included in a school publication or exhibit
- ☒ May be included in another educational, nonprofit publication or exhibit
- ☐ May be used but DO NOT include my name
- ☒ May be deposited in a local, state or regional archive
- ☐ Other (explain) _____

Griffin
Signature of Interviewee

04/22/21
Date

Signature of Parent or Guardian if
Interviewee Is a Minor

Date