

Written Release Form

Full Name of Person Interviewed

(print): SHAYLIN RM HEITZMAN

Address: 3212 Q ST. EUREKA CA 95503

Phone: (707) 601-4643

Place of

Interview: Home

Name of Interviewer & Institution

(print): ZACHARY RUYBAL

Date of Interview: 3/31/21

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)

Shaylin Rm Heitzman
Signature of Interviewee

3/31/21
Date

Signature of Parent or Guardian if Interviewee Is a Minor

Date