



NEW ORLEANS

BAPTIST THEOLOGICAL SEMINARY

Interview Release Agreement

Research Project Title:

Name of Interviewee:

Name of Researcher:

Email:

Email:

Phone:

Phone:

I consent to the recording of my statements and grant to the researcher the right to copy, reproduce, and use all or a portion of the statements, personal experiences, remarks, and recollections for incorporation in the research project. Consent applies only to use in the research project and not for any other purpose.

I have read and understood this agreement, and I am over the age of 18. This agreement expresses the complete understanding of both parties.

Signature of Interviewee:

Signature of Researcher:

Date:

Date:
