



HISTORIC CHARLESTON FOUNDATION

Historic Charleston Foundation Oral History Project

Interview Agreement and Consent Form

The Oral History Project is a program of Historic Charleston Foundation. All recordings and transcripts resulting from interviews conducted for HCF's Oral History Project become part of the Margareta Childs Archives at Historic Charleston Foundation, where they will be made available for use by HCF staff and other researchers in a manner consistent with the missions of both Historic Charleston Foundation and the Margareta Childs Archives. All recordings and transcripts become the property of Historic Charleston Foundation and will be regulated according to any restrictions placed on their use by the interviewee and/or interviewer. Typical uses may include scholarly and other publications, audio/visual presentations (including the production of CDs or DVDs), exhibits, websites, and other marketing and communications purposes. Your consent to participate in this research as provided in this agreement is entirely voluntary.

We, the undersigned, have read the above. The interviewer affirms that she/he has explained the nature and purpose of this oral history research. The interviewee affirms that she/he has consented to the interview. The interviewer and interviewee (and videographer and photographer, when applicable) hereby give grant and assign to Historic Charleston Foundation all rights, title and interest, including copyright, of whatever kind from this information and interview.

Signature

Date

Full Name of Interviewer (print clearly)

Address

City, State Zip

Phone Number (include area code)

Restrictions for use, if applicable:

Signature

Date

Full Name of Interviewee (print clearly)

Address

City, State Zip

Phone Number (include area code)

Thank you for your cooperation and generosity! Your interview will help to preserve and share the history of Charleston for current and future generations!



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Signature

Date

Full Name of Interviewer (print clearly)

Ida Anson Street

Address

Charleston, SC 29401

City, State Zip

Phone Number (include area code)

Restrictions for use, if applicable:

Signature

Date

Full Name of Interviewee (print clearly)

WILLIAM MCINTOSH

Address

Charleston

City, State Zip

Charleston S.C 29401

Phone Number (include area code)

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