Oral History Narrator Initial Consent Form

Version 4.3, last edited Nov. 16, 2026

National Public Housing Museum

Thank you for participating in an oral history interview at the National Public Housing Museum! The program exists to preserve the living histories of current and former public housing residents, and others with meaningful relationships to public housing. The information is being gathered and preserved for **historical, educational, and creative use**. Interviews will be **audio-recorded**; some interviews **may** also be video-recorded, but only with your express permission. For any questions, contact **oralhistory@nphm.org**.

CONSENT TO INTERVIEW

I, _____, knowingly and voluntarily permit the National Public Housing Museum to conduct an interview with me on _____ . I understand that I do not have to take part in this project; that **I can stop the interview at any time and without giving a reason**; and that **I can refuse any question** that is asked without giving a reason.

*** *Narrator Initials:* _____ | *[Optional] Apply this form to follow-up interview(s):* _____

POST-PRODUCTION GUIDELINES (& OPTIONAL CONSENT TO ARCHIVE FULL INTERVIEW)

All interviews are transcribed and described in written form. Together with the audio, these are "the interview materials."

After your interview is processed but before it is archived, we will contact you to make any edits to (including removals from) the interview materials. **You always retain the right to make edits to your interview materials, or to withdraw them from the archive.**

After the museum implements your edits, you will receive a copy of your interview in the following format:

CD: ☐ **Flash Drive:** ☐ **Emailed Digital File:** ☐

The following questions guide our post-production:

- I permit NPHM to use non-cloud **AI software** in the process of transcribing my interview. **No:** ☐ **Yes:** ☐
- If I am unresponsive after NPHM's "good faith effort" **(3+ contact attempts over 60 days),** please take the following step(s):

☐ Contact my stewardship support person for assistance getting in touch with me. [details at bottom]

☐ Submit my interview materials into the following section of NPHM's Oral History Archive:

Public Archive: ☐ **Limited Access:** ☐ **Private Access:** ☐ **No Access:** ☐

More information about these access sections at nphm.org/listen/narrator-info.

*** ACCEPTED AND AGREED:

My signature below indicates that I am aware that this is a contract between me and the National Public Housing Museum, and I sign it of my own free will. This Release shall be understood in accordance with the law of the state of Illinois.

_____ _____

*** Signature | Date

_____ _____

*** Phone Number | Email Address

*** STEWARDSHIP SUPPORT PERSON:

If I am difficult to get in touch with or my well-being deteriorates, please contact the following person for support. [You may add more people on back or via email]

_____ _____ _____

*** Name | Relationship | *** Contact Info