Consent: As a signatory of the below group/institution, I consent to have the following folklore/oral history collection released to the Heritage Foundation of Newfoundland and Labrador for the purpose of allowing this material to be placed online as part of the Digital Archives Initiative of Memorial University, where it will be available to researchers and the public for scholarly and educational purposes. I understand that the materials may be subject to public use and publication in current or in any successor technologies. In the event of publication, I agree that the names mentioned on the recordings may be used. In consenting to the release of the information, I agree that the group/institution below has assumed responsibility for acquiring informed consent from the individuals interviewed as part of the collection.

These materials include:

Manuscript(s) ___ Audio Cassette(s) ___ Photograph(s) ___ Other __________

Tape Accession Numbers _______________________________________________

Shelflist Numbers ____________________________________________________

Contact Information

Last Name ___________________ First Name ________________ Middle Initial ___

Title or Position of Contact ____________________________________________

Legal Name of Archive, Group or Institution ____________________________

Address: __________________________________________________________

____________________________________________________________________

Postal Code: ________ Phone: _______________________

Email: __________________________

Signature: __________________________ Date ____________

This consent was witnessed by ______________________ Date ____________