# Capturing Our Stories Oral History Program of IFLA Past Presidents/Secretaries General/Personalities - RIGHTS AGREEMENT

I agree to participate as an interviewee in the Telling Our Stories: Oral History Program of IFLA Past Presidents/Secretaries General/Personalities. Telling Our Stories is an initiative of the International Federation of Library Associations (IFLA) to preserve the work life histories of librarians.

I understand that the recording(s), images, and other forms of documentation of this interview will be deposited in the permanent collections of IFLA's Institutional Repository.

The interviewees shall have the right to review the transcript and make minor edits and copy edits for clarity.

This form conveys my instructions to the International Federation of Library Associations & Institutions (IFLA) for access to and use of the following Material:

Material Type: Oral History_____

Interviewee name: _____

Interviewer name: _____

Place of interview: _____

Date of interview: _____

**INSTRUCTIONS TO IFLA**

**1. Instructions about access for personal use**

IFLA may allow people to access and make notes about the Material:

(a) □ Without seeking my permission

**OR**

(b) □ Only with my permission

**OR**

(c) □ Only after the following date or event:

**2. Instructions about providing copies for personal use**

IFLA may allow people to have copies of the material for personal use:

(a) □ Without seeking my permission

**OR**

(b) □ Only with my permission.

**OR**

(c) □ Only after the following date or event:

**3. Instructions about IFLA's provision of the material via their website**

**(a)** □ IFLA MAY allow access to the full interview through its website

**OR**

(b) □ IFLA MAY NOT allow access to the full interview through its website

**OR**

(c) □ Only after the following date or event:

**4. Instructions about copying for public use**

IFLA may provide copies of the Material for use in publications, films, broadcasts and in other public ways, including in online media:

(a) □ Without seeking my permission

**OR**

(b) □ Only with my permission

**OR**

(c) □ Only after the following date or event:

**5. Our agreement**

By signing this form, I agree that:

- (a) □ IFLA owns copyright in this recording and any associated transcript or summary

**OR**

(b) □ I retain copyright and agree to grant IFLA full use of the recording and any associated transcript or summary

- IFLA will only provide access to interviews in accordance with the provisions I have specified in this document or any subsequent changes made by me.

**6. Signatures**

_____

(Interviewee) (Date)

_____

(Witness) (Date)

**7. What to do with this form**

Please send/give the completed form to your interviewer or send it or email it to:
IFLA Oral Histories
IFLA
P.O. Box 95312
2509 CH Den Haag
Netherlands

Email: professionalsupport@ifla.org