



## **The Architect's Voice: An Oral History of Virginia Architecture Architects Informed Consent**

*Last revised 27 October 2019*

This project consists of a series of interviews with architects (and those in allied professions) to collect an oral history of the practice of architecture in Virginia.

### **Interview information**

If you participate in this project:

- Your interview will last approximately from two to four hours, though the interview may be conducted in segments as time is available, and follow-up interviews may be requested.
- You will be asked questions about your background, your education, your career, and your thoughts on the practice of architecture.
- Your interview will be audio taped. A transcript will be made from the tape. You will be given the opportunity to review and edit the transcript prior to its further use.
- You will be asked to be photographed. You may choose not to be photographed.

### **Your rights**

This project is voluntary. You do not have to answer any questions that you do not wish to answer. You may stop your participation at any time during the interview. Your contact information such as address and telephone will not be disclosed to the public.

### **Deposit of materials**

- You will agree to have the final edited transcript stored at the Heritage Conservation Foundation. You will have to sign a release form for the Heritage Conservation Foundation before this can be done. The transcript will be available for use by researchers, teachers, and students, or other members of the public. The materials may be used for public display, publication, or broadcast by the Heritage Conservation Foundation.
- You will agree to have a copy of the final transcript given to the Heritage Conservation Foundation. You will have to sign a release form for the Heritage Conservation Foundation before this can be done. This will be available for use by researchers, teachers, students, or other members of the public. Their results may not be published, duplicated, or displayed without written permission of the Heritage Conservation Foundation. You will be asked to agree to have the digital audio files stored at the Heritage Conservation Foundation. You will have to sign a release form for the Heritage Conservation Foundation before this can be done. The digital audio tape and photographs may be available for use by researchers, teachers, students, or other members of the public. Their results may be displayed publicly or published.

### **Permission to use interview material**

- I hereby donate and assign any and all rights in and to the recording, video, transcript, and photograph of the interview of the Interviewee designated below (the "Work"), including all intellectual property rights therein, to the Heritage Conservation Foundation ("HCF"). The grant of rights to the HCF includes the rights to record, edit, transcribe, use, reproduce, distribute, and/or sell the Work in any and all media now existing or later developed, throughout the world. I authorize

HCF to use my name, likeness, photograph, or biographical data in connection with the use and promotion of the Work. I hereby waive any claims for right of publicity or right of privacy associated with the Work.

- I understand that by assigning my rights in the Work to the HCF that the content of the Work may be used by HCF in any manner including the rights to use the Work for quotes or excerpts and publication as part of a scholarly paper or otherwise, use in media productions, exhibitions, or other nonprofit public productions. The Work may also be displayed and distributed through the Internet or other electronic means and reproduced in educational and other nonprofit public programs.

Participants may contact the project Director, Bryan Clark Green, for pertinent questions about the research, at (804) 677-2604 or [bryancgreen@gmail.com](mailto:bryancgreen@gmail.com).

Yes\_\_\_\_\_ No\_\_\_\_\_ I consent to the use of my name.  
 Yes\_\_\_\_\_ No\_\_\_\_\_ I consent to be photographed.  
 Yes\_\_\_\_\_ No\_\_\_\_\_ I would like to review and edit the transcript prior to its use.  
 Yes\_\_\_\_\_ No\_\_\_\_\_ I consent to the deposit of the digital audio files in the HCF Archive.

I have read the contents of this consent form and I understand it. I have been encouraged to ask questions and I have received answers to my questions. I give my consent to participate in this study and I have indicated above my choices for participation or not in the certain activities of this study. I have received (or will receive) a copy of this consent form.

Name: (Please print)			
Telephone:			
Email:			
Address:			
Signature:		Date:	

