RELEASE AGREEMENT for Wisconsin Weather Stories

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Informant/Interviewee:
Signature ______________________________________________________
Printed name __________________________________ Date ____________
Address _______________________________________________________

Researcher/Interviewer:
Signature ______________________________________________________
Printed name __________________________________ Date ____________
Address _______________________________________________________

Restrictions:
Restrictions in effect until:

Give one copy of this to the interviewee and send one copy to the WI Arts Board.