



## African American Experience Project

## Center for Sacramento History & Community Development Department City of Sacramento

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Signature
Date month/day/year
Printed Name
Email Questions to: AAE@cityofsacramento.org
Written Release Form Full Name of Person Interviewed
Name of Interviewee (print):Address:
Phone:
Email address:
Place of Interview:
Name of Interviewer & Institution (print):  Date of Interview:
I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution named above. I give permission for the following (check all that apply):
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May include my name
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Other (explain)
Signature of Interviewee & Date