



DRS. JOHN S. AND BETTY J. SCHUCHMAN
DEAF DOCUMENTARY CENTER

VIDEO RELEASE FORM

I. Acknowledgement of Video Recording

I, _____, agree to be video recorded as part of my participation in a documentation project.

II. Confidentiality and Storage

I understand that the video is not confidential and will have my name on it, but not my address, Email, or other contact information.

I understand that the video will be preserved at the Gallaudet Archives.

III. Access and Dissemination

I understand that access to the video will not be limited to the Schuchman Deaf Documentary Center.

I understand that my video may be viewed and used by students, faculty, staff and alumni of Gallaudet University, as well as researchers or members of the public who request it from Gallaudet University Archives.

I understand that clips from the video may be used for films, online media, publications, exhibitions, conference presentations and/or other programs.

Name _____ Date _____

Signature _____ Date _____