

**STORY TELLER CONTACT INFORMATION** (please print)

Name:		
Phone Number:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work
Email:		
Address:		
City:	State:	ZIP:

**When did your story take place?**

- |                                      |                                 |                                 |  |
|--------------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Before 1920 | <input type="checkbox"/> 1940's | <input type="checkbox"/> 1970's | <input type="checkbox"/> 2000 to present |
| <input type="checkbox"/> 1920's      | <input type="checkbox"/> 1950's | <input type="checkbox"/> 1980's | <input type="checkbox"/> I do not recall |
| <input type="checkbox"/> 1930's      | <input type="checkbox"/> 1960's | <input type="checkbox"/> 1990's |  |

**INFORMED CONSENT AND COPYRIGHT PERMISSION**

*For stories, images, personal documents, and use by Alberta Main Street. In order for the material provided by you to be added to the Alberta Street Stories Collection, it is necessary for you to review and agree to the following terms and conditions.*

I understand that the following material may be created as part of the interview process: an edited transcript, abstract, short descriptive essay, and/or recording and copies of personal documents of my choosing.

I freely share my story and other material with Alberta Main Street under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. This means that I retain the copyright to my material, but that the public may freely copy, modify, and share these items for non-commercial purposes under the same terms if they include original source information.

I understand that material resulting from this project enter Alberta Main Street's collection, and I consent to let them be made available for use consistent with the organization's mission, including but not limited to use whole or in part in exhibitions, public programs, documentary films, and publications in all formats and media, including on the Internet.

I further understand that I will have the opportunity to review and edit a final transcript of my story before it is made available and that before that time portions may be published online to demonstrate project progress.

I voluntarily agree to be a part of Alberta Main Street's Equitable Placemaking Historical Markers Outreach Project.

- Yes       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL INFORMATION:** This information may be helpful in understanding and placing your story.

Date of Birth	Gender
Race	Birthplace