

**ACCESS AGREEMENT FOR ORAL HISTORY
BUMED ORAL HISTORY PROJECT**

1. I, _____ participated in an oral history
interview conducted by _____ for the Office of Medical History, BUMED

Communications Directorate, on the following date(s): _____.

2. I understand that the recording(s) and the transcript resulting from this oral history will belong to the U.S. Government to be used in any manner deemed in the best interests of the U.S. Navy, as determined by the Medical Historian, Bureau of Medicine and Surgery, or his representative. I also understand that, subject to security classification restrictions, once a transcript is prepared the Office of the Medical History will attempt to contact me to provide me with an opportunity to edit the transcript in order to clarify and expand my original thoughts. On request, the Office of the Medical Historian will provide me with a copy of the edited transcript for my own use, subject to classification restrictions.

3. I hereby expressly and voluntarily relinquish all rights and interests in the recording(s) and transcript to the U.S. Navy with only the following caveat: *(Please initial one.)*

_____ None _____ Other _____

I understand that the recordings and transcripts resulting from this oral history may be subject to the Freedom of Information Act, and therefore may be released to the public contrary to my wishes. I further understand that, within the limits of the law, the U.S. Navy will attempt to honor the restrictions I have requested to be placed on these materials. I also understand that a copy of the completed transcript will be sent to me, and that I will be given thirty days to review the transcript and comment or make corrections before it is finalized. *(Indicate any special handling instructions for delivery of transcript.)*

Email address for receipt of transcript

Signature of interviewee

Date

Accepted on behalf of BUMED Historian

Date