

I, \_\_\_\_\_\_, with my signature below, grant the A. Linwood Holton Governor's School permission to use my oral history interview, in whole or part, in whatever way they may choose to do so, now and in the future.

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

Students are to mail this form, **completed and signed** to Mr. Hagy to the <u>mailing address</u> given below.

Do <u>NOT</u> email it; we need the signed original.

A. Linwood Holton Governor's School ♦ PO Box 1987 ♦ Abingdon ♦ VA ♦ 24212 Voice (276) 619-4326 ♦ Fax (276) 619-4328