Veteran’s Release Form

I, _____, am a participant in a Veterans History Project as part of a project in the _____ School District. I understand that the purpose of this project is to collect the stories of veterans and that in some situations, this might be via audio and/or video footage.

I also understand that the district intends to share these stories externally to commemorate the America 250th anniversary and the important role of veterans. I reserve the right to look over the final materials before they are shared and/or submitted to any external organization(s).

Printed Name of Veteran: _____
Signature of Veteran: _____
Contact Information (email or phone): _____
Date: _____