California College of the Arts II Speaker Release Form
Event: HOLIDAY FAIRE
Date: $(1-23, 2019)$
Location: OAKLAMO CAMPUS
Dear Oral History participant : Please fill out the following contact information.
Name: NATHANIEL PARSONS Address: 2832 CHESTNUT ST City/State/Zip: DA/CLAM Phone: 216-246-2982 E-Mail: Parsons 19700 yahoo. com
California College of the Arts (CCA) is a non-profit educational institution. As a matter of record, we audiotape, videotape and/or photograph guests who speak or perform for our archive. With your permission, we make this information available for educational, non-commercial purposes including, but not limited, to the classroom, CCA Libraries, the Internet (including podcasts), and any other communications medium currently existing or later created. We always credit the speaker and speakers retain copyright to their remarks.
Please sign ONE of the following: I agree to be recorded for CCA's Oral History Project and:
(SHARE WITH THE GENERAL PUBLIC) Give my permission to make the recording accessible to the general public and to change the format as technologies change.
Signature/Date
OR
2. (SHARE WITH CCA ONLY) Give my permission to make the recording accessible only in the CCA buildings or on a closed computer network only accessible to authenticated users and to change the format as technologies change.

Signature/Date