

Colorado Springs LGBTQ+ Oral History Project
Consent and Release Form

Your interview is being recorded, collected, and stored for the Colorado Springs LGBTQ+ Oral History Project (henceforth "the Project"). The interview may also be collected and deposited in the Colorado College Charles L. Tutt Library and any other appropriate institutions, such as local public libraries, educational institutions, resource centers, online streaming platforms, and so on, that are available to the public. Any member of the general public will have access to this interview and your words may be quoted in scholarly and popular publications without seeking further approval from you.

As part of this interview, the Project and all other associated institutions will collect and make accessible to the public your name, voice, photographic likeness and biographical story. The video file of your interview will not be made available to the public.

By signing this form, you are agreeing to release the Project leadership, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings or documents, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

There are no anticipated risks to participation in this interview. However, you can withdraw from the interview at any time without prejudice. During the interview you may request to stop the recording at any time to discuss or clarify how you wish to respond to a question or topic before proceeding. This interview will be conducted by students of Colorado College.

Any restrictions as to use of portions of the interview indicated by you will be handled by editing those portions out of the final copy of the transcript. Only copies of the recording made available to the general public will be edited, the original recording will remain untampered and will be housed at Colorado College Tutt Library.

Narrator

Name (please print):

Ashley Cornelios

Signature: *Ashley Cornelios*

Date: 10-5-22

Interviewer

Names (please print):

Mar Wilson

Signatures: _____

Date: _____

Any restrictions such as use of pseudonym; handling of personally identifiable information that might be a threat to employability, financial standing, criminal or civil liability; etc:

Date: _____

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Interviewee Data Sheet (Page 1 of 2)
(Please fill out prior to the interview.)

Any information collected will be used to catalogue, label, and organize interviews. The following information will appear on our public archive website alongside your recording. Please fill out these fields exactly as you'd like them to appear on the website. We are happy to accommodate requests to change your information after publication.

Name: _____

Birth Year: _____

Pronouns: _____

Place of Birth: _____

Occupation(s); previous or current: _____

Interview Location (ex. X's apartment, Downtown, Colorado Springs, Online):

Name of Interviewer:
