



**RELEASE FORM
FOR
SHHS LIVING HISTORY RECORD**

Name of Person covered in written, audio or video report: _____

Release Statement and Signature:

I have reviewed the contents of the written, audio or video report of information about my career in safety and health.

I hereby authorize the Safety and Health Historical Society to edit the contents of this report and I authorize the Safety and Health Historical Society to publish this report in any form as submitted or as edited by the Society.

Signature of Person Covered in the Report

Date