

Aldermaston History Group
Capturing history and memories of Aldermaston - Oral History Project

Acceptance and Authorisation Form

My Name:

My Address:

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I have been provided with a copy of Aldermaston History Group's Information Sheet released to participants of the Group's Oral History Project.

I have read, understand and accept the information given in the Information Sheet.

Having done so, I wish to contribute my story(ies) and accept that the recording thereof will be used by the Aldermaston History Group in line with their undertakings contained within the Information Sheet.

I also agree to the use of any photo-images; articles; objects or other material that I may wish to share with the Group, which material(s) may be loaned to the Group for a period to be mutually agreed, or be donated to the Group in perpetuity.

Signature:

Date:

**Name of Interviewer who is
a member of the Aldermaston History Group:**

Signature of the Interviewer:

Date: