

# Golden Girls Oral History Project

Center for Women's Research & Public Policy

## CONSENT FORM

**Purpose of Research:** This project seeks to preserve the experiences of students educated at The W. The W's Center for Women's Research & Public Policy trains current students to conduct oral history interviews with members of the "Golden Girls" class on the occasion of their 50th reunion.

**Procedures:** The interview will be digitally recorded. In the interview, I will be identified by name and in all subsequent information relating to the interview I will be publicly identified by name. I agree to be identified by name in reference to any information contained in this interview. I can refuse to answer any questions I choose and stop the interview at any time.

**Duration of Participation:** I understand that the interview will take up to two hours.

**Voluntary Nature of Participation:** I do not have to participate in this oral history project. I can withdraw my participation at any time during the interview and refuse to answer a specific question or discontinue the interview.

**Risks to the Individual:** Minimal risk is involved to participants in this project or no more risk than that involved in everyday life.

**Confidentiality:** I understand that my name will be publicly identified with this interview.

**Public Uses of Oral Interview:** The donated digital record can be used for publication, research, or public programming. Public programming could include the use of this recording in live or recorded programs for exhibitions, electronic publishing (including publications on the Internet), or any other medium which the The Center for Women's Research & Public Policy or the University Archives deems appropriate and in keeping with its educational goals and mission.

By signing this consent form, I, \_\_\_\_\_, give my permission to include the digital recording made during this interview in the Center for Women's Research & Public Policy and University Archives, where it will be available to researchers and the public for scholarly and educational purposes.

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Interviewee's Signature

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Date

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Student Interviewer's Signature

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SI Printed Name

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Accepted by Director of CCWPP

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Date

**Contact Information:** If I have any questions about this research project, I can contact:

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