ORAL RECORDING RELEASE FORM

The research is an MLitt dissertation project which aims to study style in the 1980s indie music scene in Glasgow in order to get a specific socio-cultural group’s input on the wider retail landscape and its participation in both consumption of clothes and influence in terms of style.

**Researcher’s name and email contact:** Camille Benoît,

**Supervisor’s name and email contact:** Dr. Jade Halbert

   Dr. Sally Tuckett,

**Department address:** 8, University Gardens, Glasgow

Contributor .....................................................................................................................................

Fieldworker/s ...................................................................................................................................

Date recorded ………………………………………………

**This agreement is to ensure that your recorded interview/s is/are cleared to form a permanent archive which will be preserved as a public reference source, and will be used in a way that accords with your wishes.**

I hereby agree that the recorded interview/s conducted with me as part of Camille Benoît’s MLitt dissertation research can be made available for public access and consultation.

1. That the above recordings of interview/s, together with any summaries or transcriptions of

it/them, can be used for authorised research or consultation?   YES/NO

2. That copies of the above recordings of interviews, together with any summaries or transcriptions

of it/them, can be used for  authorised research or consultation?     YES/NO

3. That a copy of the above recording/s or transcriptions or summaries can be made available for

the use of authorised researchers and other interested parties? YES/NO

USE OF MATERIAL

I hereby agree that the recorded interview/s conducted with me can be used in the following ways:

1. That the above recording/s can be used for educational purposes, talks or broadcasts?      YES/ NO

2. That the above recording/s can be used for publication? YES/NO

3. That index sheets of the above recording can be published online? YES/NO

4. That a transcription of the recording can be made available in an electronic format? YES/NO

5. Do you wish to be consulted in advance of the material being used for:

Broadcasting? YES/NO

Publication? YES/NO

world wide web? YES/NO

6. May your name as contributor be used   YES/NO

If YES, how would you like it to appear? ………………………………………………………….

7. Do you wish to add any restrictions?  YES/NO

Please give details ............................................................................................................................

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**DATA PROTECTION**

This data is being collected as part of a research project concerned with the Getting Dressed in 1980s Glasgow project by MLitt candidate, Camille Benoît in the Department of History of Art of the University of Glasgow. The information that you supply and that may be collected as part of this research project will be entered into a filing system under the care of the University of Glasgow’s Data Management team and will only be accessed by authorised persons of the University of Glasgow or its agents or its collaborators in this research project. The information will be retained by the University indefinitely and will only be used for the purpose of (a) research, and (b) for statistical and audit purposes. By supplying such information you consent to the University storing the information for the stated purposes. The information is processed by the University in accordance with the provisions of the Data Protection Act 1998.

CLEARANCE NOTE

I hereby assign the copyright of my recorded interview/s to Camille Benoît YES/NO

Signed ............................................................ Date ........................................................................

Address ...........................................................................................................................................

............................................................................. Telephone number ..............................................

Address of another family member whom we can contact, should you not be contactable

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