

Oral History Release and Consent Form

Thank you for sharing your story. This form explains how JIMENA (Jews Indigenous to the Middle East and North Africa) will preserve and share your testimony, and gives you choices about who can see it. Please read it carefully, ask us any questions, and sign it before the interview begins. A separate form is needed for each person who is interviewed.

1. About the Interview

Narrator's full name _____	Name at birth, if different _____
Year of birth _____	Place of birth (city, country) _____
Email or phone _____	Interviewer's name _____
Interviewer's relationship to narrator _____	Date of recording _____
Place of recording _____	Language(s) of interview _____

2. My Participation

I agree to be interviewed and recorded on video or audio. I understand that my participation is voluntary, that I may decline to answer any question, take a break, or stop the interview at any time.

3. How JIMENA May Use My Testimony

I give JIMENA a nonexclusive, worldwide, royalty free, and permanent permission to preserve, copy, transcribe, translate, edit for length, caption, and share my recorded interview, its transcript, and any photographs or documents I provide (together, "my testimony") for educational, historical, research, and nonprofit purposes. This includes JIMENA's website and social media, classroom and educational materials, exhibitions, publications, and documentary films, and partner archives such as the Ben-Gurion Research Institute at Ben-Gurion University of the Negev, where JIMENA's collection is preserved.

I understand that JIMENA believes in open access and, unless I choose otherwise below, may make my testimony freely available to the public online. Because this permission is nonexclusive, I remain free to tell my own story, and to share my own copy of the recording, however I wish.

4. My Access Choice (check one)

- ☐ **Open access.** My testimony may be shared publicly online and in archives, with my name.
- ☐ **Open access without my full name.** Share my testimony publicly, but identify me only by first name and last initial.
- ☐ **Archive and research only.** Preserve my testimony and share it with researchers and educators, but do not post it publicly online.
- ☐ **Restricted until** _____ (date). After that date, my testimony may be shared as open access.

5. Other People and Sensitive Information

I understand that JIMENA may edit out or restrict parts of my testimony that could harm the privacy or safety of living people, including family members who still live in the Middle East or North Africa. I may also ask JIMENA to remove specific passages.

6. Changing My Mind

I may ask JIMENA at any time to change my access choice or to remove my testimony from JIMENA's website by writing to info@jimena.org. I understand that copies already preserved in partner archives, broadcast, published, or downloaded by the public may not be retrievable.

7. Compensation and Release

I understand that I will not be paid for my testimony. I have the right to grant these permissions, and I release JIMENA, its partners, and those acting on its behalf from claims arising from the uses described in this form.

8. Signatures

Narrator's signature _____

Printed name _____ Date _____

Interviewer's signature _____

Printed name _____ Date _____

If the narrator is under 18, or is unable to sign, a parent, legal guardian, or legal representative must also sign:

Signature _____

Printed name and relationship _____ Date _____

Please return the signed form with your recording when you submit your testimony at jimena.org, or email it to info@jimena.org. Keep a copy for your records. JIMENA Oral History Project, Release and Consent Form, 2026 edition.