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BC History of  
Nursing Society

**BC HISTORY OF NURSING SOCIETY  
Oral History Recording Agreement Form**

**Name:** \_\_\_\_\_

**Subject to the conditions noted below, I release all rights of this recording to the BC HISTORY OF NURSING SOCIETY. I understand the recording will be placed in The Society's Archives and made available to researchers. I agree to an electronic recording of my interview being published in full or in part on the BC History of Nursing website.**

**Conditions:**

**None:** \_\_\_\_\_ or

\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_  
Signature

**Date:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_  
Signature

**Date:** \_\_\_\_\_

**One copy is kept with the original recording, second copy is given to the interviewee**