

Upper Midwestern Digital Folklore Archives | 2009
Respondent Release Form for Archival and Web Use

Name of Respondent: Carie Schomacher (please print)

Name of Researcher: Ally Carlson (please print)

Based on my knowledge of the work that professors and researchers affiliated with the Upper Midwestern Digital Folklore Archives are doing to document, preserve, and present traditional materials, I have considered the advantages and disadvantages of depositing my materials with them as part of their permanent collection.

CIRCLE ONE: The Upper Midwestern Digital Folklore Archives may / may not place my materials in its permanent collection.

CIRCLE ONE: The Upper Midwestern Digital Folklore Archives should / should not mention my name as the source of these materials.

If you have chosen to remain anonymous or have requested a pseudonym, please write either "Anonymous" or the pseudonym(s) here:

Pseudonym(s): N/A

I understand that my choices below may allow some items to be made available or withheld through University of Wisconsin archives including its public computer networks. I also understand that students, community members, and scholars may read my collection. If I agree below, these materials may be published at sites on the World Wide Web approved by the Folklore Program, such as those for the Folklore Program, the Center for the Study of Upper Midwestern Cultures, Mills Music Library, University Archives, or Archival Resources of Wisconsin: Descriptive Finding Aids. I also understand that any materials included in the Upper Midwestern Digital Folklore Archives could be cited in scholarly publications or academic lessons.

I would like my materials to be (please check one):

- ☐ Publicly accessible.
☐ Accessible only on the University of Wisconsin Campuses.
☐ Accessible only with the permission of the representatives of the Upper Midwestern Digital Folklore

Signature: Carie Schomacher

Printed name: Carie Schomacher Date: 11/26/11

Address: 1063 Blue Ridge Drive Green Bay, WI 54304

Email/Phone: N/A

Restrictions (If none, please write "None."): Restrictions in effect until: _____

None

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Respondent Release Form for Archival and Web Use

Name of Respondent: MICHAEL BRENNALL (please print)

Name of Researcher: Ally Carlson (please print)

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Signature: 

Printed name: MICHAEL BRENNALL Date: 11/24/11

Address: 1097 Blue Ridge Dr. Green Bay, WI 54304

Email/Phone: N/A

Restrictions (If none, please write "None."): Restrictions in effect until: _____

None

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Respondent Release Form for Archival and Web Use

Name of Respondent: Christopher Waring (please print)

Name of Researcher: Ally Carlson (please print)

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Signature: Christopher Waring

Printed name: Christopher Waring Date: 11/26/11

Address: 1083 Blue Ridge Drive Green Bay, WI 54304

Email/Phone: N/A

Restrictions (If none, please write "None."): Restrictions in effect until: _____

none

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Respondent Release Form for Archival and Web Use

Name of Respondent: Sue Brenwall (please print)

Name of Researcher: Ally Carlson (please print)

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Signature: Sue Brenwall

Printed name: Sue Brenwall Date: 11/24/11

Address: 1097 Blue Ridge Drive Green Bay, WI 54304

Email/Phone: N/A

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None

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Respondent Release Form for Archival and Web Use

Name of Respondent: Derek Brenwall (please print)

Name of Researcher: Ally Carlson (please print)

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Signature: Derek Brenwall

Printed name: Derek Brenwall Date: 10/17/11

Address: 1097 Blue Ridge Drive

Email/Phone: brenwall@wisc.edu / (608) 246-6174

Restrictions (If none, please write "None."):

Restrictions in effect until: _____

None