

INTERNATIONAL DIALECTS OF ENGLISH ARCHIVE
Subject Questionnaire/Waiver

NAME _____

ADDRESS _____ (city) _____ (State/Province) _____

(Post code/zip code) _____ (country) _____

Phone: _____ Fax: _____ Email: _____

Gender: (please circle) Male/Female Ethnicity: _____ Date of Birth: _____

Place of birth: _____

City/State/Province/Country where you were raised: _____

Level of Education: _____

List places more than fifty miles from place of birth you have lived for more than a year: _____

Current occupation: _____ Date of Recording: _____ Interviewed by: _____

Interviewer's Notes: _____

I, (name) _____, hereby grant and assign to IDEA all rights, including copyright, that I have or may have in the sound recording of my voice. I understand that the recording may be distributed by means of various media, including but not limited to placement on the University of Kansas websites. I further understand that IDEA may distribute and/or offer for sale copies of the archive to inform students, professionals, and the public about dialects of English. I understand that IDEA, its employees, agents, and personnel acting on its behalf cannot warrant or guarantee that use of my sound recording and its further dissemination will be subject to University supervision or control. Accordingly, I release the University of Kansas, its employees, agents and personnel acting on its behalf from any and all liability related to dissemination of my sound recording. I have read this document and understand its contents.

Signature: _____ Date: _____

Please fill in the questionnaire, sign and date the waiver, and return it to:

International Dialects of English Archive
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Lawrence, Kansas 66054
USA

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