

**Area 10  
Alcoholics Anonymous  
Oral History Release Form**

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I transfer all of the above rights without limitation, to support the mission of Alcoholics Anonymous (AA) and to disseminate information about AA, upon the condition that I, and any other AA member I identify, remain anonymous at the level of the public media.

Narrator's Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip code \_\_\_\_\_

Date \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip code \_\_\_\_\_

Date \_\_\_\_\_

Comments: