



# Veteran's Release Form

TO BE COMPLETED BY VETERAN OR CIVILIAN

(In cases of deceased veterans, to be completed by the donor of the material.)

I, WASHINGTON D ROSS, am a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-taped oral histories of America's war veterans and of those who served in support of them as well as selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.

I hereby grant to the Library of Congress ownership of the physical property delivered to the Library and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the Library of Congress my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the Library of Congress and its assignees in any medium.

I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature

X Washington D Ross

Date

2/22/05  
WDR

Printed Name

WASHINGTON D ROSS

Address

27655 LAHSER RD # 102

City

SOUTHFIELD

State

MI

ZIP

48034

Telephone (

248) - 351-9536

## Checklist

PLEASE RETURN THIS CHECKLIST WITH YOUR INTERVIEW

Before submitting your recordings to the Veterans History Project at the American Folklife Center of the Library of Congress, be sure you have included the following:

- 1. Recorded interview, not to exceed 90 minutes. After recording the interview, the plastic tabs should be removed from the audio or video cassettes to prevent recording over them. Cassettes must be labeled with the full name of the veteran or civilian interviewee and his or her birth date (month/day/year).
- 2. Completed biographical data sheet for each veteran or civilian interviewee (see Biographical Data Form).
- 3. Release form signed by each veteran or civilian interviewed (see Veteran's Release Form).
- 4. Release form signed by the person(s) producing the recording. This includes interviewers and recording operators (see Interviewer's Release Form).
- 5. Audio and Video Recording Log.
- 6. Photographs (not more than twenty). Photographic prints should be numbered and dated on the back lower-right corner using a soft (no.1) pencil. For slick prints where it is difficult to write on the back, enclose them in individual labeled envelopes. Please do not write on the prints with a pen or marker. Slides may be labeled on the frame. Scrapbooks and photograph albums containing more than twenty images are acceptable, but donors are encouraged to describe the contents as fully as possible.
- 7. Photograph Log.
- 8. Release form signed by the photographer(s) (see Interviewer's Release Form).
- 9. Selected letters, diaries, and other printed and handwritten manuscripts relating to the veteran or civilian interviewee.
- 10. Manuscript Data Sheet.

Please tell us how you heard about this project: \_\_\_\_\_

# Interviewer's Release Form

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

I, Andrew Fisher, am a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them as well as selected related documentary materials such as photographs and manuscripts that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.

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I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature [Handwritten Signature] Date 2/22/05

Printed Name ANDREW FISHER

Signature of Parent or Guardian (if interviewer is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Address 7455 CLUB ROAD

City SYLVANIA State OH ZIP 43560

Telephone (419) 882 1945

Relationship to veteran/civilian \_\_\_\_\_



2/22/05

Please use this revised form.

# Biographical Data Form

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY

Veteran  Civilian  WASHINGTON D ROSS  
first middle last maiden name

Address 27655 LAWSER #102

City SOUTHFIELD State MI ZIP 48034

Telephone ( 248 ) - 351-9536 Email \* Washington@AOL.com

\* NOTE WASHINGTON

Place of Birth MOUND BAYOU, MISS Birth Date 3/4/19  
month/day/year

Race/Ethnicity (optional) \_\_\_\_\_ Male  Female

Branch of Service or Wartime Activity US ARMY AIR CORPS

Battalion, Regiment, Division, Unit, Ship, etc. \* 332 FIGHTER GROUP 302ND FIGHTER SQUADRON

Highest Rank LT. COLONEL

Enlisted  Drafted  Service dates 1942 to 1947

War(s) in which individual served WORLD WAR II

Locations of military or civilian service TUSKEGEE ARMY AIR BASE, ALA

Was the veteran a prisoner-of-war? Yes  No  \* LATER TO BE "THE TUSKEGEE AIRMEN"

Did the veteran or civilian sustain combat or service-related injuries? Yes  No

Medals or special service awards. If so, please list (be as specific as possible):  
AIR MEDAL - EUROPEAN THEATER, VICTORY MEDAL

Are photographs included? Yes  No  (If yes, please complete the Photograph Log in this kit.)

Are manuscripts included? Yes  No  (If yes, please complete the Manuscript Data Sheet in this kit.)

Does the veteran or civilian have field maps Yes  No  or wartime-related home movies Yes  No   
that he or she would like to share with the Library of Congress? (If yes, we will contact you shortly.)

Interviewer (if applicable) ANDREW FISHER

Partner organization affiliation (if any, i.e. AARP, etc.) UNIVERSITY OF TOLEDO

Please use reverse for additional biographical information.

# Audio and Video Recording Log

1. Name and address of collector or interviewer.

Name of Collector/Interviewer ANDREW FISHER  
Address 7455 CLUB ROAD  
City SYLVANIA State OH ZIP 43560  
Telephone ( 419 ) - 882 1945 Email ALFISHER@peoplepc.com  
Organization or Affiliation (if any) UNIVERSITY OF TOLEDO

2. Full name and birth date of the veteran or civilian being interviewed as it appears on the recording label and Biographical Data Form.

Name of Veteran/Civilian WASHINGTON D ROSS Birth Date 3/4/19  
month/day/year

3. Recording format (please check)

VIDEO type: Betacam  VHS  8mm  High-8  Digital  Other  \_\_\_\_\_  
AUDIO type: Cassette  Microcassette  CD  Reel  Digital (DAT)  \_\_\_\_\_ (identify)  
If audio, is the cassette or reel recorded on both sides? Yes  No   
Is item: Original  Copy

4. Date of Recording 2/22/05  
Estimated length of recording (in minutes) 45

5. Location of recording SOUTHFIELD, MICH

6. Corresponding materials (please check)

Have you included materials other than the recording? Yes  No   
If so, please complete the Photograph Log and/or the Manuscript Data Sheet.

7. Please summarize the topics discussed in the interview in their order of appearance on the recording.

Meter Reading or Minute Mark	Topics presented in order of discussion on recording
<u>0-026</u>	<u>INTRODUCTION</u>
<u>026-091</u>	<u>JOINED THE US AIR FORCE TO TUSKEGEE, ALA CADET TRAINING SCHOOL</u>

(Continue on back or on additional sheets as needed.)

Meter Reading  
or Minute Mark

Topics presented in order of discussion on recording

- 091-103 ASSIGNED 332ND FIGHTER GROUP  
SELWUDOS AFB, MI.  
TRAINING ON P39 FIGHTER PLANES
- 103-121 TO EUROPEAN THEATER  
ORAN, NORTH AFRICA  
NAPLES ITALY - FLYING PATROL DUTY  
OVER MEDITERRANEAN  
PROTECTING BATTLE SHIPS
- 121-145 ESCORTING BOMBERS
- 145-167 WHY THE NAME TUSKEGEE AIRMEN  
" " " RED TAILS
- 167-177 ESCORT DUTY
- 177-214 THE P51 FIGHTER VS THE P47 FIGHTER PLANE  
ESCORT DUTY VS COMBAT
- 214-296 FLYING 63 MISSIONS  
STRAFING MISSIONS  
PROTECTING BOMBERS
- 296-473 SEGREGATION IN THE ARMED SERVICES
- 473-541 VICTORY IN EUROPE (VE DAY)
- 541-623 THE TUSKEGEE AIRMEN ORG. IS  
FORMED  
FIRST NAT'L CONVENTION - 1972  
CLOSE