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, [Last Name], 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: [Last Name] Date: 2/27/05
Printed Name: [Last Name]
Address: 276SS LAWSER 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. I, ______________, 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 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 ___________________________ Date ____________
Printed Name ___________________________

Signature of Parent or Guardian (if interviewer is a minor) ___________________________ Date ____________
Printed Name of Parent or Guardian ___________________________
Address ___________________________
City ___________________________ State __ ZIP ____________
Telephone (__________) ___________________________
Relationship to veteran/civilian ___________________________

Library of Congress  American Folklife Center  VETERANS HISTORY PROJECT
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 O Ross

Address 27655 Lauser #102

City Southfield State MI ZIP 48034

Telephone (748) 351-9536 Email Washington@aol.com

Place of Birth Mound Bayou, Miss Birth Date 3/4/19

Race/Ethnicity (optional) Male ☑ Female ☐

Branch of Service or Wartime Activity US Army Air Corps 332 Fighter Group 302nd Fighter Squadron

Battalion, Regiment, Division, Unit, Ship, etc.

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 ☑

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: AFIshEropeoplepc.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 R. ROSS Birth Date: 3/4/19

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: 0-026
   Topics presented in order of discussion on recording:
   INTRODUCTION

   Meter Reading or Minute Mark: 026-091
   JOINED THE US AIR FORCE TO TUSKEGEE, ALA
   CADET TRAINING SCHOOL

(Continue on back or on additional sheets as needed.)
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<thead>
<tr>
<th>Meter Reading</th>
<th>Topics presented in order of discussion on recording</th>
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<td>Assigned 332nd Fighter Group</td>
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<td>Selfridge AFB, MI.</td>
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<td>Training on P-39 Fighter Planes</td>
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<td>Clan, North Africa</td>
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<td>Naples, Italy - Flying Patrol Duty</td>
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<td>145-167</td>
<td>Why the Name Tuskegee Airmen</td>
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<td>167-177</td>
<td>Escort Duty</td>
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<td>The P-51 Fighter vs the P-47 Fighter Plane</td>
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<td>Victory in Europe (VE Day)</td>
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<td>541-623</td>
<td>The Tuskegee Airmen Org. is formed</td>
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<td>First Nat'l Convention - 1972</td>
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