

### USS Arleigh Burke Association Oral History Project

Date	
Name	
Address	
Phone	
Email	

I am voluntarily participating in the USS Arleigh Burke Association Oral History Project.

I authorize the USS Arleigh Burke Association non-exclusive use of information provided by me, including recordings, transcripts, photographs, and other materials. This may include sharing on their website, electronic archives, newsletter, and other channels.

I understand that USS Arleigh Burke Association may desire to share content provided by me in the future with the Arleigh Burke Foundation, National Museum of the Surface Navy, or the Naval History and Heritage Command. I authorize the USS Arleigh Burke Association to share my provided content with these organizations for their further use.

I understand that only unclassified information can be discussed.

This agreement does not preclude my personal use of provided information.

Signature:	
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