

## Authorization Form for Use of Testimony

First Name (Hebrew) \_\_\_\_\_ Last Name (Hebrew) \_\_\_\_\_

First Name (English) \_\_\_\_\_ Last Name (English) \_\_\_\_\_

I hereby confirm that on \_\_\_\_\_ I submitted Testimony regarding my experiences during the Holocaust period, in the context of an interview with \_\_\_\_\_ (*name of interviewer*).

I hereby give my permission for the Testimony to be kept in the Yad Vashem Archive and for it to be accessible for viewing by the general public.

I hereby give my permission for the Testimony to be used by Yad Vashem for the needs of Yad Vashem, including for research or educational purposes.

I hereby give my permission for the Testimony to be published - in its entirety or in partial form - in books, journals and internet sites, as well as in all other current or future publication formats.

**I hereby Restrict the use of the Testimony, in the following manner:  
(Kindly give details, including indication of any particular limitation in time.)**

\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm this statement with my signature:

\_\_\_\_\_  
Signature Date

I hereby confirm that [ Mr. / Mrs. / Ms. / \_\_\_\_\_  
signed this statement in my presence.

\_\_\_\_\_  
Signature Date

