**OHMA Thesis Library Submission Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , consent to my Oral History M.A. thesis entitled

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Please initial all relevant statements.

\_\_\_\_\_\_ I would like my thesis to be made available to OHMA affiliates on campus.

\_\_\_\_\_\_ I would like my thesis to be made available to OHMA affiliates digitally.

\_\_\_\_\_\_ I have submitted my thesis to the Academic Commons.

\_\_\_\_\_\_ I do not intend to submit my thesis to the Academic Commons.

Additional Restrictions:

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Signature Date

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