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Institute of Ethnic Literature, Chinese Academy of Social Sciences, No.5 Jiamei Dajie, Beijing, China 100732, Tel. +86-010- 65138025 Fax. +86-010- 65134585

**PARTICIPANT CONSENT TO RELEASE**

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

Participant (releasor) Name: <i>巴嘎 dpa-dga</i>	Birth Date: <i>1971.6.13</i> ID Number: <i>542421710613051</i>
Participating Institution (releasor) :	Representative:
Institution Authorized to <u>Use/Disclose</u> the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to <u>Receive</u> the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input checked="" type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
<b>Purpose of Use/Disclosure:</b> <input type="checkbox"/> Publication in newspaper(s), magazine(s), internet, or other publications <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> IEL/affiliations research activities (Data Bank, Journals, Website) and public relations' materials/publications <input type="checkbox"/> By IEL to enhance its cooperation with the third part and to document the progress of my participation	
<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> Location of Residence <input type="checkbox"/> Personal Life History	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable

- As a participant/interviewee in the project of *Epic King Gesar* submitting candidature to UNESCO for "Masterpieces of the Oral and Intangible Heritage of Humanity", (hereinafter "project"). I understand that the purpose of the project is to collect audio- and video-tapes and selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of IEL of CASS. For promotion of the institution and its activities, the deposited documentary materials may be used for: (1) scholarly, educational, and other commonweal purposes; (2) subsequent digital technologies in any medium; and (3) exhibition, publication, presentation, and on the World Wide Web.
- I do relieve and hereby grant to the project ownership of the physical property delivered to the institution 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.
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- I agree the project and its agent IEL and assignees may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects and documentary film without further approval on my part.
- I understand I may refuse to sign this authorization and that it is strictly voluntary; having been aware of the impossible revocation, I sign this release form and get a copy of this authorization document.

I have read/ known about the above and authorize the protected information as stated. I formally accepted and agreed.

Signature/Fingerprint of Participant: 	Date: <i>2004.5.12</i>
Signature of Participant/Institution Representative: 	Relationship to Releasor:
Address: <i>西藏那曲内堆乡6村</i>	Tel:



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No 5 Jianni Dajie, Beijing China 100732, Tel.: +86-010- 65138025 Fax: +86-010- 65134985

## PARTICIPANT CONSENT TO RELEASE

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director: Tsewang Gyurme

Executor: Tao mu

Participant (releaser) Name: <u>Zhu Ju</u>	Birth Date: <u>1951.5</u> ID Number:
Participating Institution (releaser): <u>Tibet Academy of Social Sciences</u>	Representative: <u>Tsewang Gyurme</u>
Institution Authorized to <u>Use/Disclose</u> the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to <u>Receive</u> the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input checked="" type="checkbox"/> filmed <input checked="" type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input checked="" type="checkbox"/> voice-record <input checked="" type="checkbox"/> film <input checked="" type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
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<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or	<input type="checkbox"/> Other:
<input type="checkbox"/> Age/Date of Birth	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Location of Residence	
<input type="checkbox"/> Personal Life History	

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I have read/ known about the above and authorize the protected information as stated. I formally accepted and agreed.

Signature/Fingerprint of Participant:	Date: <u>2004.5.25</u>
Signature of Participant/Institution Representative: <u>TSEWANG GYURME</u>	Relationship to Releaser: <u>Employee</u>
Address: <u>No. 22 Sela Road, Lhasa</u>	Tel: <u>6323917</u>



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## PARTICIPANT CONSENT TO RELEASE

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director: *Tsewang Gyurme*

Executor: *Tso mu*

Participant (releaser) Name: <i>bsam grab</i>	Birth Date: <i>1920.5.8</i> ID Number:
Participating Institution (releaser): <i>Tibet Academy of Social Sciences</i>	Representative: <i>Tsewang Gyurme</i>
Institution Authorized to Use/Disclose the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to Receive the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input checked="" type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input checked="" type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input checked="" type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input checked="" type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
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Signature/Fingerprint of Participant:	Date: <i>2004.5.25</i>
Signature of Participant/Institution Representative: <i>TSEWANG GYURME</i>	Relationship to Releaser: <i>Employee</i>
Address: <i>No.22 Sela Road, Lhasa</i>	Tel: <i>6323917</i>



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No.5 Jianwai Dajie, Beijing China 100732, Tel. +86-010- 65136025 Fax. +86-010- 65134565

### PARTICIPANT CONSENT TO RELEASE

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director: *Tsewang Gyurme*

Executor: *Tso mw*

Participant (releaser) Name: <i>yu mei</i>	Birth Date: <i>1957.6.1</i> ID Number: <i>540102170601102</i>
Participating Institution (releaser): <i>Tibet Academy of Social Sciences</i>	Representative: <i>Tsewang Gyurme</i>
Institution Authorized to Use/Disclose the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to Receive the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input checked="" type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input checked="" type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
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Signature/Fingerprint of Participant:	Date: <i>2004.5.25</i>
Signature of Participant/Institution Representative: <i>TSEWANG GYURME</i>	Relationship to Releaser: <i>Employee</i>
Address: <i>No. 22 Sela Road, Lhasa</i>	Tel: <i>6324265</i>



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## PARTICIPANT CONSENT TO RELEASE

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

<b>Participant (releasor) Name:</b>	<b>Birth Date:</b> <b>ID Number:</b>
<b>Participating Institution (releasor):</b> rdo red 道尔吉	<b>Representative:</b>
<b>Institution Authorized to <u>Use/Disclose</u> the Information (agent):</b> Institute of Ethnic Literature Chinese Academy of Social Sciences	<b>Institution Authorized to <u>Receive</u> the Information (assignee):</b> UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
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<b>Signature of Participant/Institution Representative:</b>	<b>Relationship to Releasor:</b>
<b>Address:</b>	<b>Tel:</b>



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**PARTICIPANT CONSENT TO RELEASE**  
(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

Participant (releasor) Name: <i>tshe ring bsod nams</i> <i>达瓦次仁</i>		Birth Date: <i>7/22/1972</i>
Participating Institution (releasor):		ID Number:
Institution Authorized to Use/Disclose the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences		Representative:
Institution Authorized to Receive the Information (assignee): UNESCO		
Participant consents to be: Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____		
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Description of Protected Information to be Used or Disclosed:		
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Signature/Fingerprint of Participant:	Date: <i>2007. 7. 14</i>
Signature of Participant/Institution Representative: <i>50559</i>	Relationship to Releasor:
Address:	Tel:



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No.5 Jiamei Dajie, Beijing China 100732, Tel. +86-010-65138025 Fax. +86-010-65134585

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(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director: \_\_\_\_\_

Executor: \_\_\_\_\_

Participant (releaser) Name: <i>BSol nams nor bu</i>	Birth Date: <i>1979</i> ID Number:
Participating Institution (releaser): <i>BSol nams nor bu</i>	Representative: <i>505'509</i>
Institution Authorized to <u>Use/Disclose</u> the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to <u>Receive</u> the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
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Signature/Fingerprint of Participant:	Date: <i>2006.7.8</i>
Signature of Participant/Institution Representative: <i>505'509</i>	Relationship to Releaser:
Address:	Tel:



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Director:

Executor:

<b>Participant (releasor) Name:</b> ngag-rig	<b>Birth Date:</b> Nov. 5, 1939 <b>ID Number:</b> 632623391105141
<b>Participating Institution (releasor) :</b>	<b>Representative:</b>
<b>Institution Authorized to <u>Use/Disclose</u> the Information (agent):</b> Institute of Ethnic Literature Chinese Academy of Social Sciences	<b>Institution Authorized to <u>Receive</u> the Information (assignee):</b> UNESCO
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<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> Location of Residence <input type="checkbox"/> Personal Life History	<input type="checkbox"/> Other:  <input type="checkbox"/> Not applicable

- As a participant/interviewee in the project of *Epic King Gesar* submitting candidature to UNESCO for "Masterpieces of the Oral and Intangible Heritage of Humanity", (hereinafter "project"). I understand that the purpose of the project is to collect audio- and video-tapes and selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of IEL of CASS. For promotion of the institution and its activities, the deposited documentary materials may be used for: (1) scholarly, educational, and other commonweal purposes; (2) subsequent digital technologies in any medium; and (3) exhibition, publication, presentation, and on the World Wide Web.
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- I understand I may refuse to sign this authorization and that it is strictly voluntary; having been aware of the impossible revocation, I sign this release form and get a copy of this authorization document.

I have read/ known about the above and authorize the protected information as stated. I formally accepted and agreed.

<b>Signature/Fingerprint of Participant:</b> 	<b>Date:</b> May 11, 2004
<b>Signature of Participant/Institution Representative:</b>	<b>Relationship to Releasor:</b>
<b>Address:</b>	<b>Tel:</b>





Institute of Ethnic Literature, Chinese Academy of Social Sciences, No.5 Jianxi Dajie, Beijing China 100732, Tel. +86-010- 65138025, Fax. +86-010- 65134585

**PARTICIPANT CONSENT TO RELEASE**  
(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

Participant (releaser) Name: <u>t she bkra</u> <u>才扎</u>	Birth Date: <u>1966.6.1</u> ID Number: <u>623025196606010012</u>
Participating Institution (releaser):	Representative:
Institution Authorized to <u>Use/Disclose</u> the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to <u>Receive</u> the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input checked="" type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
<b>Purpose of Use/Disclosure:</b> <input type="checkbox"/> Publication in newspaper(s), magazine(s), internet, or other publications <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> IEL/affiliations research activities (Data Bank, Journals, Website) and public relations' materials/publications <input type="checkbox"/> By IEL to enhance its cooperation with the third part and to document the progress of my participation	
<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Age/Date of Birth	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Location of Residence	
<input type="checkbox"/> Personal Life History	

- As a participant/interviewee in the project of Epic King Gesar submitting candidature to UNESCO for "Masterpieces of the Oral and Intangible Heritage of Humanity", (hereinafter "project"). I understand that the purpose of the project is to collect audio- and video-tapes and selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of IEL of CASS. For promotion of the institution and its activities, the deposited documentary materials may be used for: (1) scholarly, educational, and other commonweal purposes; (2) subsequent digital technologies in any medium; and (3) exhibition, publication, presentation, and on the World Wide Web.
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I have read/ known about the above and authorize the protected information as stated. I formally accepted and agreed.

Signature/Fingerprint of Participant: _____	Date: <u>2004.5.12</u>
Signature of Participant/Institution Representative: _____	Relationship to Releasor: _____
Address: <u>甘肃省玛曲县尼玛乡普玛玉坎</u>	Tel: _____



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No 5 Jiannei Dajie, Beijing China 100732, Tel. +86-010- 65138025 Fax. +86-010- 65134585

### PARTICIPANT CONSENT TO RELEASE

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director: \_\_\_\_\_

Executor: \_\_\_\_\_

<b>Participant (releaser) Name:</b> 金巴扎本苏 Jinba Jamsu	<b>Birth Date:</b> 1977.12.8 <b>ID Number:</b> 152526197712080035
<b>Participating Institution (releaser):</b>	<b>Representative:</b>
<b>Institution Authorized to Use/Disclose the Information (agent):</b> Institute of Ethnic Literature Chinese Academy of Social Sciences	<b>Institution Authorized to Receive the Information (assignee):</b> UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
<b>Purpose of Use/Disclosure:</b> <input type="checkbox"/> Publication in newspaper(s), magazine(s), internet, or other publications <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> IEL/affiliations research activities (Data Bank, Journals, Website) and public relations' materials/publications <input type="checkbox"/> By IEL to enhance its cooperation with the third part and to document the progress of my participation	
<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> Location of Residence <input type="checkbox"/> Personal Life History	<input type="checkbox"/> Other:  <input type="checkbox"/> Not applicable

1. As a participant/interviewee in the project of Epic King Gesar submitting candidature to UNESCO for "Masterpieces of the Oral and Intangible Heritage of Humanity", (hereinafter "project"). I understand that the purpose of the project is to collect audio- and video-tapes and selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of IEL of CASS. For promotion of the institution and its activities, the deposited documentary materials may be used for: (1) scholarly, educational, and other commonweal purposes; (2) subsequent digital technologies in any medium; and (3) exhibition, publication, presentation, and on the World Wide Web.
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I have read/ known about the above and authorize the protected information as stated. I formally accepted and agreed.

<b>Signature/Fingerprint of Participant:</b> 金巴扎本苏	<b>Date:</b> 2004.5.12
<b>Signature of Participant/Institution Representative:</b>	<b>Relationship to Releaser:</b>
<b>Address:</b>	<b>Tel:</b>



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No. 5 Jiansi Dajie, Beijing China 100732, Tel. +86-010- 65138035 Fax. +86-010- 65134585

**PARTICIPANT CONSENT TO RELEASE**  
(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

Participant (releaser) Name: <b>Lobsang 洛布桑</b>	Birth Date: 1944.4.13 ID Number: 152601440413101
Participating Institution (releaser): <b>内蒙古曲剧团</b>	Representative: <b>董志明</b>
Institution Authorized to Use/Disclose the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to Receive the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
<b>Purpose of Use/Disclosure:</b> <input type="checkbox"/> Publication in newspaper(s), magazine(s), internet, or other publications <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> IEL/affiliations research activities (Data Bank, Journals, Website) and public relations' materials/publications <input type="checkbox"/> By IEL to enhance its cooperation with the third part and to document the progress of my participation	
<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> Location of Residence <input type="checkbox"/> Personal Life History	<input type="checkbox"/> Other:  <input type="checkbox"/> Not applicable

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Signature/Fingerprint of Participant: <b>洛布桑</b>	Date: 2004.6.3
Signature of Participant/Institution Representative:	Relationship to Releaser:
Address:	Tel:



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No. 5 Jiannai Dajie, Beijing, China 100732, Tel. +86-010- 65138025 Fax. +86-010- 65134985

### PARTICIPANT CONSENT TO RELEASE (TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

Participant (releasor) Name:		Birth Date: ID Number:	
Participating Institution (releasor): 甘肃省甘南藏族自治州玛曲县藏族歌协		Representative:	
Institution Authorized to Use/Disclose the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences		Institution Authorized to Receive the Information (assignee): UNESCO	
Participant consents to be: Fieldwork: <input type="checkbox"/> photographed <input type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____			
Purpose of Use/Disclosure: <input type="checkbox"/> Publication in newspaper(s), magazine(s), internet, or other publications <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> IEL/affiliations research activities (Data Bank, Journals, Website) and public relations' materials/publications <input type="checkbox"/> By IEL to enhance its cooperation with the third part and to document the progress of my participation			
Description of Protected Information to be Used or Disclosed:			
<input type="checkbox"/> All Participant Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> Location of Residence <input type="checkbox"/> Personal Life History		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable	

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Signature/Fingerprint of Participant:	Date:
Signature of Participant/Institution Representative:	Relationship to Releasor:
Address: 甘肃省甘南州玛曲县藏族歌协	Tel:



Institute of Ethnic Literature, Chinese Academy of Social Sciences, No.5 Jiannai Dajie, Beijing China 100732, Tel.: +86-010-65138025 Fax: +86-010-65134585

## PARTICIPANT CONSENT TO RELEASE

(TEXT/PHOTOGRAPH/AUDIO-VIDEOTAPE/FILM/INTERVIEW/PERSONAL LIFE INFORMATION)

Director:

Executor:

Participant (releaser) Name:	Birth Date: ID Number:
Participating Institution (releaser): 内蒙古巴林右旗 shaburtaisumu Township 沙布台苏木人民政府	Representative: 罗日布
Institution Authorized to Use/Disclose the Information (agent): Institute of Ethnic Literature Chinese Academy of Social Sciences	Institution Authorized to Receive the Information (assignee): UNESCO
<b>Participant consents to be:</b> Fieldwork: <input type="checkbox"/> photographed <input checked="" type="checkbox"/> voice-recorded <input type="checkbox"/> filmed <input type="checkbox"/> videotaped <input type="checkbox"/> interviewed <input type="checkbox"/> oral biographyed <input type="checkbox"/> none of the foregoing Data Deliverance: <input type="checkbox"/> text <input checked="" type="checkbox"/> photograph <input type="checkbox"/> voice-record <input type="checkbox"/> film <input type="checkbox"/> videotape <input type="checkbox"/> interview <input type="checkbox"/> biography <input type="checkbox"/> none of the foregoing <input type="checkbox"/> Other: _____	
<b>Purpose of Use/Disclosure:</b> <input type="checkbox"/> Publication in newspaper(s), magazine(s), internet, or other publications <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> IEL/affiliations research activities (Data Bank, Journals, Website) and public relations' materials/publications <input type="checkbox"/> By IEL to enhance its cooperation with the third part and to document the progress of my participation	
<b>Description of Protected Information to be Used or Disclosed:</b>	
<input type="checkbox"/> All Participant Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> Location of Residence <input type="checkbox"/> Personal Life History	<input type="checkbox"/> Other:  <input type="checkbox"/> Not applicable

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I have read/ known about the above and authorize the protected information as stated. I formally accepted and agreed.

Signature/Fingerprint of Participant:	Date:
Signature of Participant/Institution Representative: 巴雅尔图	Relationship to Releaser: 朋友
Address: 北京前门大街5号中国社会科学院民族文学研究所	Tel: (010) 85195630