

Buffalo County Historical Society Release Form

I hereby grant permission to the Buffalo County Historical Society/Trails & Rails Museum to share my memories, recollections, stories, etc. by making them available in their archives, printing them in their newsletter, and/or any way else they see fit. (We cite our sources, so your name will be attached to the information.)

Furthermore, I pledge these memories, recollections, stories, etc. are true to the very best of my knowledge.

Please Print:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone number(s) : _____

E-mail address: _____

_____ I give permission to share my information with newspapers.
(please initial)

BCHS representative: _____

Please Sign:

Name: _____ Date: _____

BCHS rep.: _____ Date: _____

Please use the reverse side to write down your memories, etc.

Buffalo County Historical Society /Trails & Rails Museum
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