



## Testimony Copies for Interviewees and Family Members Order Form

The USC Shoah Foundation Institute can provide copies of testimonies for interviewees or their family members on DVD or on Data Discs. Requests for family testimony copies normally take 4-6 weeks to complete.

**To order copies, please complete the following order form and sign the attached Terms of Use.**

Mail, fax, or e-mail the completed form to:

USC Shoah Foundation Institute  
 Family Testimony Copies  
 Leavey Library  
 650 W. 35th Street, Suite 114  
 Los Angeles, CA 90089-2571  
 Phone: 213-740-6001  
 Fax: 213-740-6044  
 Email: vhi-ftc@dornsife.usc.edu

### 1. Please provide the interviewee's name and interview code below.

The online **Testimony Catalogue** can help you locate the interview code: [tc.usc.edu](http://tc.usc.edu)

Interviewee Name	Interview Code	Number of Copies	Your Relationship to Interviewee
_____	_____	_____	_____
_____	_____	_____	_____

### 2. Please select a format:

#### Testimony Copy on DVD

- Requests within the United States: \$85/testimony.
- Requests outside the United States: \$78/testimony, plus shipping.

*\*Additional copies of the same interview are \$15 each.\**

**\*NOTE:** *To apply, additional copies must be requested simultaneously with their original orders.\**

#### Testimony Copy on Data Disc (*\*NOTE: These testimonies come in the form of MPEG-1 video files. They are playable only on computers by using a media player software such as Windows Media Player or QuickTime Player*)

- Requests within the United States: \$52/testimony.
- Requests outside the United States: \$45/testimony, plus shipping.

### 3. Options:

- Rush Order – *additional \$50*  
*(Rush orders can be completed in 1-3 weeks, depending on the size of the order.)*



## Testimony Copies for Interviewees and Family Members Order Form

### CONTACT AND SHIPPING INFORMATION

#### 4. Contact Information:

---

First Name

Last Name

Title

---

Street Address

Apt. Number

---

City

State/Province

Postal Code

Country

---

Phone Number

Fax Number

E-mail address

#### 5. Shipping Information *(if different from above)*:

---

First Name

Last Name

Title

---

Street Address

Apt. Number

---

City

State/Province

Postal Code

Country

---

Phone Number

Fax Number

E-mail address





## Testimony Copies for Interviewees and Family Members Order Form

### TERMS OF USE

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Interviewee's first name, first initial of interviewee's surname, year of interview, followed by "Interview by USC Shoah Foundation Institute for Visual History and Education, University of Southern California," city of interview, state or province of interview, country of interview, day and month of interview, tape number(s), and time code, if applicable.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name