



University of Wisconsin—Madison Archives Oral History Program

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UW—Madison Oral History Program
430 Steenbock Library
550 Babcock Drive
Madison, Wisconsin 53706

I, Bill Snyder, hereby give and grant to the University of Wisconsin Archives the recordings of my interview, as well as any photographs, captured on _____. This agreement includes transferring all rights, title, and interest in the interview, including copyright, for the Archives to present for the scholarly and educational purposes of its audiences. Through my signature below I attest that I have voluntarily agreed to be interviewed & answered questions (or declined to answer them) without coercion.

Narrator INITIAL either (1) or (2):

- (1) BS The material may be released immediately in any format, including print, sound, or electronic.
- (2) _____ The material is given on the express condition that it is to be sealed, and not released by the Director of the University Archives to anyone other than Oral History Program employees until January 1, _____, without my prior written approval and without the authorization of the Director of the University Archives.

Bill Snyder
Signature of narrator

S. Schmidt
Signature of interviewer

Mc Ardle Lab
Address of Narrator

SILKE SCHMIDT
Print name of interviewer

1945
Birth Year

UW—Madison Oral History Program
430 Steenbock Library
550 Babcock Drive
Madison, Wisconsin 53706
Revised and approved by John Dowling,
Admin Legal Services, 5/3/2012

11/21/10
Date of Agreement

Archives and Records Management Services

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