**Interview No.** ………………….

**Interview Transcript Approval**

|  |  |
| --- | --- |
| Name and surname: |  |
| Date and place of birth: |  |
| Permanent residence address: |   |
| Interview No.: |  |  |  |
| Edited transcription, version dated: |  |  |

As a narrator of the interview I have given to the Jewish Museum in Prague within the oral history project I hereby confirm with my signature below that I agree with the wording of the edited transcript of the interview in the above version as its final form intended for the purposes of the Jewish Museum in Prague.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In |  | on  |  |  |  |
|  |  | (signature) |