



Your dreams. Our mission.

SAMPLE AUDIO/VIDEO RECORDING CONSENT FORM

If your study includes audio or video recording, please note that participants must consent to:

- Participate in the research
- Audio or video recording procedures.

CONSENT TO AUDIO- OR VIDEO RECORDING & TRANSCRIPTION

(STUDY NAME)

(RESEARCHER'S NAME & AFFILIATION)

This study involves the audio or video recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio or video recording or the transcript. Only the research team will be able to listen (view) to the recordings.

The tapes will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice or picture) will be used in presentations or in written products resulting from the study.

By signing this form, I am allowing the researcher to audio or video tape me as part of this research. I also understand that this consent for recording is effective until the following date: _____ . On or before that date, the tapes will be destroyed.

Participant's Signature: _____ **Date:** _____