**Additional Consent Form for Recordings of Interviews**

Title of the Study: [insert study title]

In addition to agreeing to participate, I consent to having the interview [audio or video] recorded. I understand that the recording of my interview will be transcribed by the researcher(s) and erased once the transcriptions are checked for accuracy. Transcripts of my interview may be reproduced in whole or in part for use in presentations or written products that result from this study, but will not be linked to my name. Neither my name nor any other identifying information (such as my voice or picture) will be used in presentations or in written products resulting from the study, unless I give my explicit permission. [Researcher: Be confident that all this is correct, and edit as appropriate if you do not plan to erase the recordings, participants’ responses could reasonably cause them to be identified, or you plan to ask permission to use participants’ voice/picture for anything in the future (in which case, be explicit about what those future uses will be).]

1. I consent to having the interview [audio or video] recorded.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I consent to having my name associated with my responses. (If I do not sign, my name will not be used.)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Lastly, I consent to use of my [voice/picture] in presentations or in written products resulting from the study. (If I do not sign, my [voice/picture] will not be used.)\

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_