**SAMPLE Audio Release/Video Form**

I will be [*audio/video*] recording [*state what you will be audio recording*]. These recordings will be labeled only with an assigned pseudonym, which is how you will be known in the study. Therefore, the recorded information will be reviewed only by [*state the name(s) of person/people who will have access to the recorded materials*] and your name will not be associated with the recording. The [*audio/video*] recordings will be used in order to [*state the purpose of audio/video recording*]. The [*audio/video*] recordings will be stored [*explain how you store the recordings and how you protect the access to the recordings*] and the [*audio/video*] files will be deleted upon completion of [*state when you will destroy the recordings*]. [*State how, where, and why you will be archiving the recordings, if you are planning to archive them.*]

If you agree to participate in this study, your signature on this form gives the researcher permission to make and retain the [*audio/video*] recordings for this study. You have the right to review the recordings and to request that all or any portion of the recording be erased.

I understand that I am entitled to and will be given a copy of this signed release form.

Do you give me your authorization for [*state what will be recorded*] to be [*audio/video*] recorded and for your responses to be used in my study? Please mark an option below.

* Yes, I agree to be [*audio/video*] recorded.
* No, I DO NOT agree to be [*audio/video*] recorded.

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PRINT Name of the Participant or Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant or Parent/Guardian Date