**Consent for Participation in (name of study)**

**(To be printed on letterhead stationary)**

By signing this form you are agreeing to be interviewed by (name) and/or the members of their research team (if applicable) from (give affiliation). The purpose of this interview is to (describe purpose of the interview.) The interview should take (indicate amount of time.) (Name of researcher) does not expect direct monetary payment for this project but if any were to be offered it would be turned over to the person being interviewed.

By signing this form you are giving permission for the interview to be audio recorded (if applicable) and for your name to be used in the publications and presentations as detailed below.

Your participation in this project is voluntary and you will not be paid for the interview. You have the right to decline to answer any question for any reason and you may terminate the interview at any time. A transcript of the interview will be mailed to you no later than (give date.) Please indicate the address where you would like the transcript sent in the space below:

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You have the right to delete and/or modify any portion of your answers. Any changes to the transcript or withdrawal of permission should be sent to (name) at (give address) and postmarked by (give date). If you do not reply by this date the totality of the interview becomes the approved version and may be published by (name of researcher) in (name and description of journal. Example: *The McMaster Journal*, which is the Defiance College service-based journal.) Portions of the approved version may be deleted from the published version to fit the content and length requirements of the journal. If the researcher seeks to present the approved interview in any other publications she/he will seek permission from you for each publication. The interview materials may also be presented at (organizations, houses of worship, clubs, and philanthropic organizations) for the purpose of (specify purpose). The original transcript of the interview will be kept in a secure location at (state location) and will be destroyed after (specify time frame to be no longer than 10 years.)

You are to keep a copy of this consent form. If you have any questions or concerns please contact (name) at (phone number) or (mailing address).

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My Signature Date My Signature

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My Printed Name

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Signature of the Interviewer, Date of Signature