HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK VIDEO RECORDING RELEASE CONSENT FORM

Protocol #: _____

Researcher(s):

Title: _____

As part of this project, a video recording will be made of you during your participation in this research project. Please indicate below the uses of these videotapes to which you are willing to consent. This is completely voluntary and up to you. In any use of the videotapes, we will not identify you personally.

Initials

Initials

1. The videotapes can be studied by the research team for use in the research project.

2. The videotapes can be shown to subjects in other experiments.
3. The videotapes can be shown at meetings of scientists interested in the study of

Initials

4. The videotapes can be shown in classrooms to students.
5. The videotapes can be shown in public presentations to non-scientific groups.

6. The videotapes can be shown on television and radio.

You have read the above description and give your consent for the use of videotapes as indicated above.

Participant's Name:	Signature:	Date:
CVIII.		
Researcher's Name:	Signature:	Date:

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK AUDIO TAPE RECORDING RELEASE CONSENT FORM

Protocol #: _____

Researcher(s):

Title: _____

As part of this project, an audio recording will be made of you during your participation in this research project. Please indicate below the uses of these audiotapes to which you are willing to consent. This is completely voluntary and up to you. In any use of the audio tapes, your name will not be identified.

Initials

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1.	The transcribed audio tapes can be studied by the research team	for use in the
	research project.	

2. The audio tapes can be played for to subjects in other experiments.

3. The audio tapes can be played at meetings of scientists interested in the study of

4. The audio tapes can be played in classrooms to students.

5. The audio tapes can be played in public presentations to non-scientific groups.

6. The audio tapes can be played on television and radio.

You have read the above description and give your consent for the use of audiotapes as indicated above.

Participant's Name:	Signature:	Date:
Sh.		
Researcher's Name:	Signature:	Date: