



Oral History/Interview Consent Form*

Interviewer (and affiliation if appropriate):

Interviewee (and affiliation if appropriate):

Project Title:

1. You are being asked to participate in an interview in connection with above mentioned research project. Your participation is voluntary. This interview will focus on the following topics:

[Above list major topics to be covered in the interview. These must be revealed to the interviewee in advance of the interview.]

2. The interview will be audiotaped or recorded by some other media. Confirm your consent below:

- Yes, I consent to being audiotaped/recorded
- No, I do not consent to being audiotaped/recorded

3. In this interview *you may be identified by name*, should you provide consent. You may also be identified by name in any transcript (whether verbatim or edited) of the interview in question, should you provide consent.

*[The language of this form is modeled from official IRB standards and guidelines. This form was created and adapted from the Indiana University Center for the Study of History and Memory's "Informed Consent" documentation, available online at http://www.indiana.edu/~cshm/informed_consent.pdf, and prepared by Rachel Walton.]

If you *choose to remain anonymous* until a future date of your choosing or in perpetuity, the recording(s) of your interview will be perpetually closed to use, or until a future date of your choosing. Accordingly, your name will never appear in the transcript or in reference to any material contained in the interview, or alternatively, until a future date of your choosing. If you choose to remain anonymous, your interview will only be identified by a random but unique identification number, in an effort to incur a minimal risk in loss of confidentiality.

I consent to being identified by name in the interview, its transcript, and any associated materials

No, I do not consent to being identified by name in the interview, its transcript, or any associated materials UNTIL the following future date:

No, I do not consent to EVER being identified by name in the interview, its transcript, or any associated materials

4. The interview will take approximately _____ hours and you can withdraw from the project without repercussions or perceived prejudice at any time during or beforehand.

In the event that you withdraw from the interview, any recording made of the interview will be either given to you or destroyed, and no transcript will be made of the interview.

5. You will receive *no payment* for participation in this research, but you *may* receive a copy of the digital recording for your own records per an official request to the researcher(s) and/or interviewer(s).

6. Upon completion of the interview and this form, its digital recording and any interview-related materials will belong to the below institution, repository, or archive:

The above-mentioned institution, repository, or archive can use this interview and its related materials in any manner it will determine appropriate, including, but not limited to research, course curriculum, presentations, and publications.

Initial here if you understand this and what it means: _____

7. The researcher and/or interviewer agrees that:

(i) it will not use or exercise any of its rights to the information in the interview prior to the signing of this document;

(ii) this document will be submitted to you for your signature before the interview *and again*, for review at the completion of the interview for you to finalize;

(iii) you have the right to review the digital recording or transcript of this interview, should you wish to, before you finalize and formally submit this document to the researcher and/or interviewer.

8. Any restrictions of use for portions of the interview requested by you will be edited out of the final copy of the transcript and corresponding recording.

You may express those restrictions in the below space before, during, or after the interview in question, before this document is reviewed and finalized:

9. If you have questions about the research project, the interview plan, or any related procedures, you may contact the researcher or researching institution referenced below at any point during the data collection phases of the study:

Organization/Individual: _____

Phone Number: _____ Email: _____

Mailing Address (*optional*): _____

10. If you have questions about your rights as a research participant or wish to discuss problems, complaints, or concerns about the research study and/or interview in question, please contact the IRB of the affiliated institution, repository, or archive. For your convenience, this contact information is provided to you below by the researcher/interviewer:

[Interviewers should supply the IRB contact information for their own affiliated organization/institution above.]

11. At the conclusion of this particular study, the digital recording(s), photograph(s) or videos(s), and any copies of the transcript will be deposited in the above-mentioned institution, repository, or archive. After this point you must contact that institution, repository, or archive to access or inquire about the content

you've submitted during the interview. This contact information is provided below by the researcher/interviewer for your convenience:

[Interviewers should supply the repository or archive contact information that will preserve the interview materials.]

12. In consideration of all of the above...

- I give my consent to participate in this research study.
- I do not give my consent to participate in this research study.

A copy of this signed and completed informed consent document will be provided to you for your records.

13. I sign below to confirm that this document was presented and explained to me without coercion before the interview in question, and then again made accessible to me after said interview to review, amend, and finalize according to best practice guidelines.

Subject's Signature _____ Date (must be dated by the subject) _____

Subject Contact Information:

Phone Number: _____ Email: _____

Mailing Address (*optional*): _____

Signature of Person Obtaining Consent _____