**Sample Data Release Form**

**This consent form template is used if a participant is recorded or photographed without their knowledge or permission. The purpose of this form is to allow the participant to withdraw themselves from the study after learning they have been recorded or photographed. Please tailor this form so that it accurately describes your study. Delete all red text from the form.**

**Data Release Form for Deception Studies**

**Protocol #: Title**

During the experiment, you were recorded on an audio/video recording or you were photographed, whichever is applicable without your knowledge or permission. The researchers wanted to record your natural reactions… Describe the purpose for recording the participant without their knowledge. Include further information regarding any deception in the study that may be applicable.

Because you were recorded/ photographed without your permission or knowledge, you now have the right to refuse to allow your recording(s)/ photograph(s) to be used and to ask that they be destroyed immediately. If you do so, there is no penalty. You will still receive full credit or payment, if applicable for the experiment.

If you agree to include your recording(s)/ photograph(s) in the experiment, they may be reviewed and analyzed by graduate and undergraduate research assistants.

\_\_\_ I give permission for my recording(s)/ photograph(s) to be used in the analysis for this experiment.

\_\_\_ I do NOT give my permission for my recording(s)/ photograph(s) to be used in the analysis for this experiment. Please withdraw them from the study and destroy them immediately.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You will receive a copy of this form for your records.**