**Sample Materials Release Form**

**The first consent form template is used to ask permission of the participant to use their materials in presentations, and publications. The second consent template is used to ask permission to keep data for future data analyses, etc. Please use the form that best suits your needs and modify it so that it describes your study. The purpose of these forms is to allow the participant to designate how they would like their materials used. Delete all red text from the form.**

**Materials Release Form for Interviews, Oral Histories, or other Audio/Video Recordings**

**Protocol #: Protocol Title**

During the interview(s), you were recorded on audio/video recording(s) so that your information may be preserved as an historical record/ used in a classroom presentation (please make this appropriate for your study). Upon completion of the interview, the interviewer compiled the recording into a written transcript. Having read the transcript of the interview, you have three choices regarding the audio/video recording(s), and/or transcript of the interview. The materials may be designated either **“public,”** **“for research only,”** or **“private.”**

If you designate the materials **“public,”** the audio/video recording(s), and/or transcript(s) will be accessible to members of the community through the (Name)\*. The (Name)\* may use the materials from the interview(s) for future exhibits and your materials will remain part of its permanent collection.

If you designate the materials **“for research only,”** your audio/video recording(s), and/or transcript(s) will be analyzed by the researcher and your information will be used to complete the research study. Your information will be reported in a way that does not identify you and your materials will be destroyed after the study is complete.

If you designate the materials **“private,”** the audio/video recording(s), and/or transcript(s) will be given to you and never released to the (Name)\*. The only records of the interview will belong solely to you.

If in the future you wish to change the status of your audio/video recording(s), and/or transcript(s), you may contact the (Name)\*:

(Name’s)\* Address

\_\_\_ I hereby designate the materials as **public** and give permission for my audio/video recording(s), and/or transcript(s) to be used by the (Name)\*.

\_\_\_ I hereby designate the audio/video recording(s), and/or transcript(s) **for research only** and give my permission for the researcher to use my materials as part of the research study. I want my materials to be reported so that they will not identify me and destroyed when the study is complete.

\_\_\_ I hereby designate these materials as **private** and do NOT give my permission for my audio/video recording(s), and/or transcript(s) to be used by the (Name)\*. The materials will be given to you for your own private use.

### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\*Name: Please designate the institution or individual who will maintain the materials. The name of the institution should be more specific than the University of Virginia, for example. Please name a specific library or department that will house the documents. Where possible, please provide contact information for an individual in the department. If you are keeping the documents for your own purposes and they will not be kept at a specific institution, please use your name in this space instead and provide appropriate contact information.**

**Materials Release Form for future data analysis**

**Protocol #: Protocol Title**

During the experiment, you… describe what the participant did in the study. We would like to ask permission to use provide a specific list of the participant’s data for future research studies. Briefly describe a scenario in which you will use the data in the future. If you agree to have your data used in subsequent research, describe how the data will be used in order to protect confidentiality; for example: the speech will be rated by trained research assistants and compared to the questionnaire data that you have provided. Your name will not be linked to these materials, as the questionnaire data and video recordings are linked only by your study ID number. Describe data storage procedures; for example: All video recordings (physical and digital) will be securely protected for up to 7 years and then destroyed. If you choose not to give us permission to use your video recording, there is no penalty. You will still receive full credit or payment for the experiment. (If payment is included in the study.)

In the future, if you wish to change the status of your data, you may contact provide contact information.

\_\_\_ I give permission for my data to be used for future research.

\_\_\_ I do NOT give permission for my data to be used for future research. Please destroy it once this study is complete.

### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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