

Adapt this consent form with your teacher and/or school authorities.

Interview Consent Form

Project title	_____
Teacher/instructor	_____
Course/Study #	_____
City/County	_____
State	_____
Date	_____

Summary explaining the project, faculty/sponsor signature, use of the interview, confidentiality, and disposition of the notes and recording (archive).

Yes	No	I give my permission for...
		this interview to be (audio/video) taped
		my name to be used
		the tape/transcript to be archived
		the information made public

(signature of interviewee)

*(signature of guardian
if person being recorded is under 18)*

(signature of interviewer)

(date)

**All questions regarding this project can be directed to
..... (contact information)**