**Earlham College Recording Consent Form**

[Keep all text as is while choosing/rewording/deleting the options in brackets as appropriate to your study, then delete brackets and this paragraph. Bolded/italicized sections should remain so.]

**[Project title]**

Researcher: [Fill in your name and email address]

Supervisor: [Fill in project advisor’s name]

Earlham College Department of [fill in department name]

As part of this research project, [photo/video/audio] recording may occur. It [is/is not] possible to participate in this research project without consenting to this recording. [Indicate any future purpose of the recordings (e.g., used for future research, excerpted for a talk/paper, etc.] [Indicate whether or not individual identities will be protected, and if so, how.] [Indicate who will have access to the recordings.] [Indicate how the recordings will be stored.]

If you consent the above type of recording during this research, please sign and date below.

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*Participant Signature Date*