

**Sample Audio/Video Release Form**  
**(for audio/video that will be viewed by the research team only)**

As a part of this study, we took [*audio; video; audio and video*] of you while completing the study. As a part of our data analysis, researchers working on the study will [*listen to; watch; listen to and watch*] these recordings. These recordings will not be shared with anyone outside of the research team and will be kept on a password-protected computer. These recordings will not be used in any other way, other than what is described above. If you give permission for the research team to use your data in this way, please check the appropriate box below.

I give permission for the [*audio; video; audio and video*] taken of me during this study to be used by **the researchers working on this study**.

I do NOT give permission for the [*audio; video; audio and video*] taken of me during this study to be used and would like it to be deleted at this time.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Researcher Name (please print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date