

Research Participant Data Sharing Permissions Request Form

Participant Information

Full Name

Email Address

Participant ID (if applicable)

Data Sharing Permissions

Please indicate your consent for sharing the following data:

- ☐ Anonymized Data ☐ Audio Recordings ☐ Video Recordings ☐ Transcripts
☐ Survey Responses

I permit my data to be shared with:

Conditions or Restrictions for Data Sharing

Signature

Signature (Typed Name)

Date