

# Audio/Video Recording Interview Consent Form

This form seeks your consent for participation in an interview that will be audio and/or video recorded. Please read the following information carefully.

## Interview Details

Project/Study Title

Interviewer Name

Date of Interview

Purpose of Recording

## Consent

☐

I consent to audio recording of this interview.

☐

I consent to video recording of this interview.

☐

I consent to the use of these recordings for research and publication purposes.

Any Conditions/Restrictions

Participant Name

Participant Signature

Date

Researcher Name

Researcher Signature

Date