

**Augustana University  
Audio/Video Release Form**

During this study, *[describe recordings that will occur]*. With your consent, we would like to be able to use clips of these recordings for various educational purposes. Your name would *never* be associated with any of these uses.

You of course have the right to refuse to allow your recordings to be used in any of these ways. Furthermore, if at any time in the future, you change your mind about granting us permission to use your recordings for these educational purposes, simply notify us by contacting *[PI name, phone & email]* and we will stop using them (except in the case of photos already published in books or journals).

Please indicate below whether you **do** or **do not** give us permission to use your audio recording, video recording, or still photos made from the video in each of these ways:

In presentations to classes at Augustana University	Yes	No
In presentations of the research at professional meetings	Yes	No
In professional publications describing the research	Yes	No
On professional websites designed to make research results available for professional purposes only (NOT social media)	Yes	No
In newsletter reports of this research	Yes	No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will receive a copy of this form for your records.