

**SOUTHERN ILLINOIS UNIVERSITY**  
**EDWARDSVILLE**

**Audio/Video/Digital Recording Release Consent Form**  
**[Recordings include transcripts, study, and analysis]**

**“PROJECT TITLE HERE”**

You [and/or your child] will be audiotaped, videotaped, and/or digitally recorded as part of your participation in this research study. These recordings will be viewed and/or listened to by members of the research team to transcribe, code, and analyze data collected for the study. We may present findings from the study in classroom and professional settings if you consent below. Please indicate below any additional educational and professional uses of the recordings you consent to. Your consent in these areas is completely voluntary. Lack of consent will not affect your participation in this study. If recordings of you [and/or your child] are used in any of these contexts, anonymity will be maintained. No identifying information (such as full names) will be used. In addition, if you agree to allow us to use the recordings for any of these purposes, we will keep the recordings for an indefinite period of time. If you do NOT consent to any of these uses of the recordings, they will be destroyed upon completion of the study.

**I consent, by placing my initials next to any/each statement below, that:**

- \_\_\_\_\_ 1. The recordings or still pictures made from recordings can be used in  
Initials scientific publications.
- \_\_\_\_\_ 2. The recordings can be used in classrooms.  
Initials
- \_\_\_\_\_ 3. The recordings can be used in presentations at professional meetings/  
Initials conferences.
- \_\_\_\_\_ 4. The recordings can be used in presentations about child development  
Initials to non-scientific groups.

I have read and understood this consent form and give my permission for the uses initialed above.

\_\_\_\_\_  
Names of Participants (Please Print)

\_\_\_\_\_  
Participant/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date